

Special Education Enrollment Sheet

Student Name:	SIMS #
Effective Date:	End Date (or date change takes effect):
<p>Special Education Placement Category Circle One</p> <p><u>School Age 6-21</u> 0100-General Classroom w/modifications 80-100% 0110-Resource Room 40-79% 0120-Self Contained classroom 0-39% 0130-Separate Day School 0140-Residential facility 0150-Home/Hospital program</p> <p><u>Preschool-ages 3-5</u> 0310-EC 10 hours +, services in EC program 80-100% 0315- EC 10 hours +, services in other location 0325- EC less than 10 hours, services in EC 0330- EC less than 10 hours, services in other location 0335-Separate class 0345-Separate school 0355-Residential facility 0365- Home 0375-Service provider location</p>	<p>Instruction Program Type (This is determined by the coding used for the Cost Analysis completed by business manager or special ed director)</p> <p>(Please circle one)</p> <p>A. Mild to Moderate Disabilities B. Severe Disabilities C. Speech Only D. Early Childhood (ages 3-5) E. Day Program F. Residential Program G. Homebound Program</p>
<p>Special Education Services: (Please indicate the number of <u>hours per week</u>)</p> <p>Physical Therapy _____ Recreational Therapy _____ Audiological Services _____ Occupational Therapy _____ Speech Language Therapy _____ School Nurse Services _____ Psychological Services _____ Orientation & Mobility Services _____ Counseling Services _____ Social Work Services _____ Other Therapy Services _____ (Medical Counseling/ Training and Other)</p>	<p>Special Education Primary Disability Areas (Please circle one)</p> <p>0500- Deaf-Blindness 0505- Emotional Disturbance 0510- Cognitive Disability 0515- Hearing Loss 0525- Specific Learning Disability 0530- Multiple Disabilities 0535- Orthopedic Impairment 0540- Vision Loss 0545- Deafness 0550- Speech/Language Disorder 0555- Other Health Impaired 0560- Autism Spectrum Disorder 0565- Traumatic Brain Injury 0570- Developmental Delay</p>
<p>Participates in Alt. Assessment Yes/No Transportation Yes / No Assistive Technology Yes / No</p>	<p>Multiple Disability Areas: *Cannot use 500 – Deaf-Blind *Don't include 0550 – Speech/Language if it is only a related service</p> <p>Multiple Disability 1 _____ Multiple Disability 2 _____ Multiple Disability 3 _____ Multiple Disability 4 _____ Multiple Disability 5 _____</p>
<p>IEP Program Exit Reason (Make sure this matches the exit code on the general enrollment record if it ends the entire enrollment)</p> <p>01- Not receiving Sped Services 02- Graduated with regular high school diploma 04- Reached maximum age 05- Died 06- Moved known to be continuing 07-Moved not known to be continuing 08- Dropped out 09- Refused Services 10- ISFP done prior to max age for Part C 11- Change in IEP 12- Student continues</p>	<p>For students eligible as Autism Spectrum Disorder:</p> <p>ASD Severity Behaviors Level</p> <p>1 - Requiring support 2 - Requiring substantial support 3 - Requiring very substantial support</p> <p>ASD Severity Communication Level</p> <p>1 - Requiring support 2 - Requiring substantial support 3 - Requiring very substantial support</p>