

Student Name:	SIMS #
Effective Date:	End Date (or date change takes effect):

Special Education Placement Category (Mark One)

School Age 6-21 and 5-year olds enrolled in Junior Kindergarten and Kindergarten

- 100** – General Classroom w/Modifications 80-100%
- 110** – Resource Room 40-79%
- 120** – Self Contained Classroom 0-39%
- 130** – Separate Day School
- 140** – Residential Facility
- 150** – Home/Hospital Program

Preschool Age 3-5 (Except 5-year olds in Junior Kindergarten and Kindergarten-use 0100 Codes)

- 310** – EC 10 hours +, services in Reg EC
- 315** – EC 10 hours +, services in other location
- 325** – EC less than 10 hours, services in Reg EC
- 330** – EC less than 10 hours, services in other location
- 335** – Special Education Class
- 345** – Separate School
- 355** – Residential Facility
- 365** - Home
- 375** – Service Provider Location

Special Education Services:

(Please Indicate the Number of Hours per Week)

- 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)

- Participates in Alt. Assessment:** Yes/No
- Transportation:** Yes/No
- Assistive Technology:** Yes/No

Special Education Primary Disability Areas (Mark One)

- 500** – Deaf-Blindness
- 505** – Emotional Disability
- 510** – Cognitive Disability
- 515** – Hearing Loss
- 525** – Specific Learning Disability
- 530** – Multiple Disabilities (categories noted below)
- 535** – Orthopedic Impairment
- 540** – Vision Loss
- 545** - Deafness
- 550** – Speech/Language Disorder
- 555** – Other Health Impaired
- 560** – Autism Spectrum Disorder (severity levels below)
- 565** – Traumatic Brain Injury
- 570** – Developmental Delay

Multiple Disability Areas:

*Cannot Use 500 – Deaf-Blind

*Do not Include 550 – Speech/Language if it is only a related service

- Multiple Disability 1** _____
- Multiple Disability 2** _____
- Multiple Disability 3** _____
- Multiple Disability 4** _____
- Multiple Disability 5** _____

For Students Eligible as Autism Spectrum Disorder

ASD Severity Behavior Level

<input type="checkbox"/>	1: Requiring Support
<input type="checkbox"/>	2: Requiring Substantial Support
<input type="checkbox"/>	3: Requiring Very Substantial Support

ASD Severity Communication Level

<input type="checkbox"/>	1: Requiring Support
<input type="checkbox"/>	2: Requiring Substantial Support
<input type="checkbox"/>	3: Requiring Very Substantial Support

Student Name:	SIMS #
Effective Date:	End Date (or date change takes effect):

IEP Program Exit Reason

(Make sure this matches the exit code on the general enrollment record if it ends the entire enrollment)

<input type="checkbox"/>	1. Not Receiving Sped Services
<input type="checkbox"/>	2. Graduated with Regular High School Diploma
<input type="checkbox"/>	3. Continues – Completed IEP Team Modified Course Requirements
<input type="checkbox"/>	4. Reached Maximum Age
<input type="checkbox"/>	5. Died
<input type="checkbox"/>	6. Moved Known to be Continuing
<input type="checkbox"/>	7. Moved Not Known to be Continuing
<input type="checkbox"/>	8. Dropped Out
<input type="checkbox"/>	9. Refused Services
<input type="checkbox"/>	10. ISFP Done Prior to Max Age for Part C
<input type="checkbox"/>	11. Change in IEP
<input type="checkbox"/>	12. Student Continues
<input type="checkbox"/>	13. Discontinued Education – Completed IEP team Modified
<input type="checkbox"/>	14. Aged Out - Completed IEP team Modified
<input type="checkbox"/>	15. Revocation of Consent - Completed IEP team Modified

Instruction Program Type (Circle One)

(This is determined by the coding used for the Cost Analysis completed by business manager or special ed director)

<input type="checkbox"/>	A. Mild to Moderate Disabilities
<input type="checkbox"/>	B. Severe Disabilities
<input type="checkbox"/>	C. Speech Only
<input type="checkbox"/>	D. Early Childhood (ages 3-5 except 5-year olds in Junior Kindergarten and Kindergarten)
<input type="checkbox"/>	E. Day Program
<input type="checkbox"/>	F. Residential Program
<input type="checkbox"/>	G. Homebound Program