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Data Forms Need Turned in when....

A student is retained or does not graduate after his/her senior year. Write the current grade and "retained" next to the grade.

A student turns 6. The EEC code changes.

A student is placed into foster care. The Fund Code changes.

*Speech/Language Preschool-Aged Students who do NOT attend a program
(% Special Ed = 100; EEC = 27)

Any other situation needs to be discussed with your Four Rivers Program Supervisor

FOUR RIVERS STUDENT DATA INPUT FORM

File # _____

Student Identification Information

Last Name _____ First Name _____ Middle _____ /None

DOB / / Male Female Ethnic _____ Language _____

Bilingual: Severity _____ Limited English Proficient _____

Grade _____ SIS ID _____ Medicaid # _____

Lives with _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

Contact _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

EDC (date) / / IEP (date) / /

Special Education Program Information (See Codes on Back of Form)

Initl Consent for Eval Signed / / Initl Elig. Determination Completed / /

N/A prior to 8/1/06 | Completed in another district

Resident District _____ Resident School _____

***If Fund Code E, Complete the Following:**

Fund Code _____ Priv. Fac. Code _____ Res Type _____ Place Agent Code _____ Guardian Code _____

Serving District _____ Serving School _____

Disabilities (2 max) _____ Related Services (8 max) _____

% of Time Inside Reg Classroom _____ % Special Ed _____

EEC _____ Term _____ Rm/Bd Payor _____ Begin Date / / End Date / / Exit Code

Reason Student is NOT Receiving Services _____

Placement Information

Current Enrollment	List #	Program	Building	Res/Instr	Teacher	Supv
_____	_____	_____	_____	_____	_____	_____

Previous Placement	List #	Program	Building	Res/Instr	Teacher	Supv
_____	_____	_____	_____	_____	_____	_____

Form completed by _____ Date _____

4R-58 Original – Four Rivers Copy – Student Temporary File
 Date Referral Received by Four Rivers / /
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FOUR RIVERS STUDENT DATA INPUT FORM

File #

Student Identification Information

Last Name First Name Middle /None

DOB Male Female Ethnic Language

Bilingual: Severity Limited English Proficient

Grade SIS ID Medicaid #

Lives with Relationship

Address City Zip

Home Phone # Emergency # Work #

Contact Relationship

Address City Zip

Home Phone # Emergency # Work #

EDC (date) IEP (date)

Special Education Program Information (See Codes on Back of Form)

Initl Consent for Eval Signed Initl Elig. Determination Completed

N/A prior to 8/1/06 Completed in another district

Resident District Resident School

Fund Code Priv. Fac. Code Res Type Place Agent Code Guardian Code

Serving District Serving School

Disabilities (2 max) Related Services (8 max)

% of Time Inside Reg Classroom % Special Ed

EEC Term Rm/Bd Payor Begin Date End Date Exit Code

Ensure begin date and end date are accurate - Begin date is the date services begin

Reason Student is NOT Receiving Services-

Placement Information

Current Enrollment Only complete if case manager changes List # Program Building Res/Instr Teacher Supv

Previous Placement List # Program Building Res/Instr Teacher Supv

Form completed by Date

4R-58 Original - Four Rivers Copy - Student Temporary File

Date Referral Received by Four Rivers

Rev 7/14

Only Write Changes - Leave the Rest Blank

Only Write Changes - Leave the Rest Blank

FOUR RIVERS STUDENT DATA INPUT FORM

File # _____

Student Identification Information

Last Name _____ First Name _____ Middle _____ /None

DOB / / Male Female Ethnic _____ Language _____

If ESL > Bilingual: Severity 1, 2, 3, 4 Limited English Proficient_ Yes or No Use back of data form to help determine Severity #

Grade _____ SIS ID _____ Medicaid # _____

Lives with _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

Contact _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

EDC (date) / / IEP (date) / /

Special Education Program Information (See Codes on Back of Form)

Initl Consent for Eval Signed <input type="checkbox"/> <input type="checkbox"/>	Initl Elig. Determination Completed <input type="checkbox"/> <input type="checkbox"/>
N/A prior to 8/1/06	Completed in another district

Resident District _____ Resident School _____

***If Fund Code E, Complete the Following:**

Fund Code _____ Priv. Fac. Code _____ Res Type _____ Place Agent Code _____ Guardian Code _____

Serving District _____ Serving School _____

Disabilities (2 max) _____ Related Services (8 max) _____

% of Time Inside Reg Classroom _____ % Special Ed _____

EEC _____ Term _____ Rm/Bd Payor _____ Begin Date / / End Date / / Exit Code

Reason Student is NOT Receiving Services _____

Placement Information

Current Enrollment	List #	Program	Building	Res/Instr	Teacher	Supv

Previous Placement	List #	Program	Building	Res/Instr	Teacher	Supv

Form completed by _____ Date _____

4R-58 Original – Four Rivers Copy – Student Temporary File
 Date Referral Received by Four Rivers / /
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FOUR RIVERS STUDENT DATA INPUT FORM

File # _____

Student Identification Information

Last Name _____ First Name _____ Middle _____ /None

DOB / / Male Female Ethnic _____ Language _____

If ESL > Bilingual: Severity ^{Either} 1, 2, 3, 4 Limited English Proficient Yes or No Use back of data form to help determine Severity #

Grade _____ SIS ID _____ Medicaid # _____

Lives with _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

Contact _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

EDC (date) / / IEP (date) / /

Special Education Program Information (See Codes on Back of Form)

Initl Consent for Eval Signed / / Initl Elig. Determination Completed / /
N/A prior to 8/1/06 | Completed in another district

Resident District _____ Resident School _____

Either N or U > Fund Code _____ Priv. Fac. Code _____ *If Fund Code E, Complete the Following: Res Type _____ Place Agent Code _____ Guardian Code _____

Serving District _____ Serving School _____

Disabilities (2 max) _____ Related Services (8 max) _____

% of Time Inside Reg Classroom _____ % Special Ed _____

EEC _____ Term _____ Rm/Bd Payor _____ Begin Date / / End Date / / Exit Code

Reason Student is NOT Receiving Services _____

Placement Information

Current Enrollment _____
List # Program Building Res/Instr Teacher Supv

Previous Placement _____
List # Program Building Res/Instr Teacher Supv

Form completed by _____ Date _____

4R-58 Original – Four Rivers Copy – Student Temporary File
Date Referral Received by Four Rivers / /
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FOUR RIVERS STUDENT DATA INPUT FORM

File # _____

Student Identification Information

Last Name _____ First Name _____ Middle _____ /None

DOB / / Male Female Ethnic _____ Language _____

Bilingual: _____ Severity _____ Limited English Proficient _____

Grade _____ SIS ID _____ Medicaid # _____

Lives with _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

Contact _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

EDC (date) / / IEP (date) / /

Special Education Program Information (See Codes on Back of Form)

Initl Consent for Eval Signed / / Initl Elig. Determination Completed / /

N/A prior to 8/1/06 | Completed in another district

Resident District _____ Resident School _____

Fund Code _____ Priv. Fac. Code _____ ***If Fund Code E, Complete the Following:**
Res Type ___ Place Agent Code ___ Guardian Code ___

Serving District _____ Serving School _____

Disabilities (2 max) _____ Related Services (8 max) _____

% of Time Inside Reg Classroom _____ % Special Ed _____

EEC _____ Term _____ Rm/Bd Payor _____ Begin Date / / End Date / / Exit Code _____

Reason Student is NOT Receiving Services _____

Placement Information

Current Enrollment _____ **Only complete if case manager changes**
List # Program Building Res/Instr Teacher Supv

Previous Placement _____
List # Program Building Res/Instr Teacher Supv

Form completed by _____ Date _____

4R-58 Original – Four Rivers Copy – Student Temporary File

Date Referral Received by Four Rivers / /

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Only Write Changes - Leave the Rest Blank

< If any changes are made in these highlighted areas, write begin & end dates and exit

FOUR RIVERS STUDENT DATA INPUT FORM

File # _____

Student Identification Information

Last Name _____ First Name _____ Middle _____ /None

DOB / / Male Female Ethnic _____ Language _____

Bilingual: Severity _____ Limited English Proficient _____

Grade _____ SIS ID _____ Medicaid # _____

Lives with _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

Contact _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

EDC (date) / / IEP (date) / /

Special Education Program Information (See Codes on Back of Form)

Initl Consent for Eval Signed / / Initl Elig. Determination Completed / /

N/A prior to 8/1/06 | Completed in another district

Resident District _____ Resident School _____

***If Fund Code E, Complete the Following:**
Fund Code _____ Priv. Fac. Code _____ Res Type _____ Place Agent Code _____ Guardian Code _____

Serving District _____ Serving School _____

Disabilities (2 max) _____ Related Services (8 max) _____

% of Time Inside Reg Classroom _____ % Special Ed _____

EEC _____ Term _____ Rm/Bd Payor _____ Begin Date / / End Date / / Exit Code **< Usually Exit Code is 09**

Reason Student is NOT Receiving Services _____

Placement Information

Current Enrollment _____
List # Program Building Res/Instr Teacher Supv

Previous Placement _____
List # Program Building Res/Instr Teacher Supv

Form completed by _____ Date _____

4R-58 Original – Four Rivers Copy – Student Temporary File

Date Referral Received by Four Rivers / /

Rev 7/14

Only Write Changes - Leave the Rest Blank

Switching students to a different class list within the same building
 (Cannot change any services without an IEP or Amendment)

FOUR RIVERS STUDENT DATA INPUT FORM

File # _____

Student Identification Information

Last Name _____ First Name _____ Middle _____ /None

DOB / Male Female Ethnic _____ Language _____

Bilingual: _____ Severity _____ Limited English Proficient _____

Grade _____ SIS ID _____ Medicaid # _____

Lives with _____ Relationship _____

Only Write
Changes -
Leave the
Rest Blank

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

Contact _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

EDC (date) / / IEP (date) / /

Special Education Program Information (See Codes on Back of Form)

Initl Consent for Eval Signed / / Initl Elig. Determination Completed / /

N/A prior to 8/1/06 | Completed in another district

Resident District _____ Resident School _____

Fund Code _____ Priv. Fac. Code _____ ***If Fund Code E, Complete the Following:**
 Res Type ___ Place Agent Code ___ Guardian Code ___

Serving District _____ Serving School _____

Disabilities (2 max) _____ Related Services (8 max) _____

Only Complete
if Changed

% of Time Inside Reg Classroom _____ % Special Ed _____

EEC _____ Term _____ Rm/Bd Payor _____ **Begin Date** / / **End Date** / / **Exit Code** < Exit Code is 20

Reason Student is NOT Receiving Services _____

Placement Information

Current Enrollment _____
 List # Program Building Res/Instr Teacher Supv

Previous Placement _____
 List # Program Building Res/Instr Teacher Supv

Form completed by _____ **Date** _____

4R-58 Original – Four Rivers Copy – Student Temporary File
 Date Referral Received by Four Rivers / /
 Rev 7/14

Switching students to a different class list - Building to building (within same district)

Example: elementary building to middle school building; middle school building to high school building

(Cannot change any services without an IEP or Amendment)

FOUR RIVERS STUDENT DATA INPUT FORM

File # _____

Student Identification Information

Last Name _____ First Name _____ Middle _____ /None

DOB / / Male Female Ethnic _____ Language _____

Bilingual: _____ Severity _____ Limited English Proficient _____

Grade _____ SIS ID _____ Medicaid # _____

Lives with _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # _____ / _____ / _____ Emergency # _____ / _____ / _____ Work # _____ / _____ / _____

Contact _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # _____ / _____ / _____ Emergency # _____ / _____ / _____ Work # _____ / _____ / _____

EDC (date) _____ / _____ / _____ IEP (date) _____ / _____ / _____

Special Education Program Information (See Codes on Back of Form)

Initl Consent for Eval Signed _____ / _____ / _____ Initl Elig. Determination Completed _____ / _____ / _____

N/A prior to 8/1/06 | Completed in another district

Resident District _____ Resident School _____

Fund Code _____ Priv. Fac. Code _____ Res Type _____ Place Agent Code _____ Guardian Code _____
*If Fund Code E, Complete the Following:

Serving District _____ Serving School _____

Disabilities (2 max) _____ Related Services (8 max) _____

% of Time Inside Reg Classroom _____ % Special Ed _____

EEC _____ Term _____ Rm/Bd Payor _____ **Begin Date** / / **End Date** / / **Exit Code** Exit code is 08 or 20

Reason Student is NOT Receiving Services _____

Placement Information

Current Enrollment _____

List #	Program	Building	Res/Instr	Teacher	Supv
--------	---------	----------	-----------	---------	------

Previous Placement _____

List #	Program	Building	Res/Instr	Teacher	Supv
--------	---------	----------	-----------	---------	------

Form completed by _____ Date _____

4R-58 Original – Four Rivers Copy – Student Temporary File

Date Referral Received by Four Rivers _____ / _____ / _____

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Only Write Changes - Leave the Rest Blank

Only Complete if Changed

Student moving into your district from within the Four Rivers cooperative

(Cannot change any services without an IEP or Amendment)

FOUR RIVERS STUDENT DATA INPUT FORM

File # _____

Student Identification Information

Last Name _____ First Name _____ Middle _____ /None

DOB / / Male Female Ethnic _____ Language _____

Bilingual: _____ Severity _____ Limited English Proficient _____

Grade _____ SIS ID _____ Medicaid # _____

Lives with _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

Contact _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

EDC (date) / / IEP (date) / /

Special Education Program Information (See Codes on Back of Form)

Initl Consent for Eval Signed / / Initl Elig. Determination Completed / /
N/A prior to 8/1/06 | Completed in another district

Resident District _____ Resident School _____

*If Fund Code E, Complete the Following:

Fund Code _____ Priv. Fac. Code _____ Res Type _____ Place Agent Code _____ Guardian Code _____

Serving District _____ Serving School _____

Disabilities (2 max) _____ Related Services (8 max) _____

% of Time Inside Reg Classroom _____ % Special Ed _____

EEC _____ Term _____ Rm/Bd Payor _____ Begin Date / / End Date / / Exit Code

Reason Student is NOT Receiving Services _____

Placement Information

Current Enrollment _____
List # Program Building Res/Instr Teacher Supv

Previous Placement _____
List # Program Building Res/Instr Teacher Supv

Form completed by _____ Date _____

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Date Referral Received by Four Rivers / /
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Student moves out of Four Rivers cooperative or drops due to any exit codes (1-20 on back side)

examples: drops out of school; graduates; withdrawn by parent, etc.

FOUR RIVERS STUDENT DATA INPUT FORM

File # _____

Student Identification Information

Last Name _____ First Name _____ Middle _____ /None

DOB / Male Female Ethnic _____ Language _____

Bilingual: _____ Severity _____ Limited English Proficient _____

Grade _____ SIS ID _____ Medicaid # _____

Lives with _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

Contact _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

EDC (date) / / IEP (date) / /

Special Education Program Information (See Codes on Back of Form)

Initl Consent for Eval Signed / / Initl Elig. Determination Completed / /

N/A prior to 8/1/06 | Completed in another district

Resident District _____ Resident School _____

***If Fund Code E, Complete the Following:**

Fund Code _____ Priv. Fac. Code _____ Res Type _____ Place Agent Code _____ Guardian Code _____

Serving District _____ Serving School _____

Disabilities (2 max) _____ Related Services (8 max) _____

% of Time Inside Reg Classroom _____ % Special Ed _____

EEC _____ Term _____ Rm/Bd Payor _____ Begin Date / / End Date / / Exit Code

Reason Student is NOT Receiving Services _____

Placement Information

Current Enrollment _____
 List # Program Building Res/Instr Teacher Supv

Previous Placement _____
 List # Program Building Res/Instr Teacher Supv

Form completed by _____ Date _____

4R-58 Original – Four Rivers Copy – Student Temporary File

Date Referral Received by Four Rivers / /

Rev 7/14

Change of Demographic information only (Same District)

Example: change of address or phone number

FOUR RIVERS STUDENT DATA INPUT FORM

File # _____

Student Identification Information

Last Name _____ First Name _____ Middle _____ /None

DOB / / Male Female Ethnic _____ Language _____

Bilingual: Severity _____ Limited English Proficient _____

Grade _____ SIS ID _____ Medicaid # _____

Lives with _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

Contact _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone # / / Emergency # / / Work # / /

EDC (date) / / IEP (date) / /

Special Education Program Information (See Codes on Back of Form)

Initl Consent for Eval Signed / / Initl Elig. Determination Completed / /

N/A prior to 8/1/06 | Completed in another district

Resident District _____ Resident School _____

Fund Code _____ Priv. Fac. Code _____ ***If Fund Code E, Complete the Following:**
Res Type ___ **Place Agent Code** ___ **Guardian Code** ___

Serving District _____ Serving School _____

Disabilities (2 max) _____ Related Services (8 max) _____

% of Time Inside Reg Classroom _____ % Special Ed _____

EEC _____ Term _____ Rm/Bd Payor _____ Begin Date / / End Date / / Exit Code

Reason Student is NOT Receiving Services _____

Placement Information

Current Enrollment _____
 List # Program Building Res/Instr Teacher Supv

Previous Placement _____
 List # Program Building Res/Instr Teacher Supv

Form completed by _____ Date _____

4R-58 Original – Four Rivers Copy – Student Temporary File
 Date Referral Received by Four Rivers / /
 Rev 7/14

Only Write Changes - Leave the Rest Blank

