

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 / /

