

School District Name:
School District Address:
School District Contact Person/Phone #:

Administrative Data Sheet

STUDENT INFORMATION:

Full Name: _____ School ID#: _____ SASID: _____
Birth Date: _____ Place of Birth: _____ Age: _____ Grade/Level: _____
Primary Language: _____ Language of Instruction: _____
Address: _____ Sex: Male Female
Home Telephone: _____
If 18 or older: Acting on Own Behalf Court Appointed Guardian: _____
 Shared Decision-Making Delegate Decision-Making

PARENT/GUARDIAN INFORMATION:

Name: _____ Relationship to Student: _____
Address: _____
Home Telephone: _____ Other Telephone: _____
Primary Language of parent/guardian: _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Relationship to Student: _____
Address: _____
Home Telephone: _____ Other Telephone: _____
Primary Language of parent/guardian: _____

MEETING INFORMATION:

Date of Meeting: _____ Type of Meeting: _____
Next Scheduled Annual Review Meeting: _____ Next Scheduled Three Year Reevaluation Meeting: _____

ASSIGNED SCHOOL INFORMATION: (Complete after a placement has been made.)

School Name: _____ Telephone: _____
Address: _____
Contact Person: _____ Role: _____ Telephone: _____
Cost-Shared Placement: No Yes If yes, specify agency: _____

After a meeting, attach to an IEP, an IEP Amendment or an Extended Evaluation Form.