

MOVE-IN REPORT

Date: _____

Student legal name: * First _____ * MI _____ * Last _____ Grade: _____

Preferred name: _____ Student's Native Lang: _____ Ethnic: _____

Student Address: _____ Zip Code: _____

* Date of Birth: ____ / ____ / ____ * Soc. Sec. No: ____ - ____ - ____ Telephone: _____

PARENT OR GUARDIAN (FULL NAME)

Father: _____ Mother: _____

Street Address: _____ City/Zip: _____

Home Phone: (____) _____ Listed or unlisted? (Circle one)

Father's Work No: _____ Mother's Work No: _____

OTHER PARENT (IF APPROPRIATE)

Father: _____ Mother: _____

Street Address: _____ City/Zip: _____

Home Phone: (____) _____ Listed or unlisted? (Circle one)

Father's Work No: _____ Mother's Work No: _____

PREVIOUS SCHOOL/DISTRICT INFORMATION

District Name: _____ School Name: _____

Address: _____ Address: _____

****Required information***

VERIFICATION OF SPECIAL EDUCATION SERVICE - To Be Completed by School Psychologist

Confirmation by: _____ Telephone _____ Student Records _____ Date exited by previous district: ____ / ____ / ____

Exceptionality: _____ Time in Service: _____ Subject Area: _____

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Related Service: _____ Time in Service: _____

Related Service: _____ Time in Service: _____

Related Service: _____ Time in Service: _____

Date last IEP written: ____ / ____ / ____ Date of Last Comprehensive Evaluation: ____ / ____ / ____

Name of parent/guardian/educational advocate who signed written consent for current special education placement:

Have records been requested? ____ Yes ____ No Have records been received? ____ Yes ____ No

Will previous school provide special education records? ____ Yes ____ No

If information was obtained by telephone, the name and title of person who supplied the information is:

Student can not attend a special education class until a verbal or written confirmation is given by the school psychologist.

School Psychologist Signature

Date

SCHOOL DISTRICT DATA

	<u>School Name</u>	<u>Building Number</u>	<u>District Number</u>
Enrollment	_____	_____	_____
Attendance	_____	_____	_____

DATES

Preassessment: _____

Referral Written: _____

Vision Screening: _____

Hearing Screening: _____

Comprehensive Evaluation: _____

Consent To Evaluate: _____

INDIVIDUAL EDUCATION PROGRAM DATA

Current Levels of Performance:

	Sub-area	Status	Indicated by
Health/Physical	_____		

Social/Emotional	_____		

General Intelligence	Verbal	Range	
	Performance	Range	
	Full Scale	Range	
Educational	_____	G.E. S.S.	
	_____	G.E. S.S.	
	_____	G.E. S.S.	
	_____	G.E. S.S.	
Communication	_____		

Other	_____		

Goals:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____