

**SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE #618
ADMITTANCE/DISMISSAL REPORT**

Student Name	DOB	Grade
Home School	Attend School	

A. ADMITTANCE: Date of Action: _____

Reason for Admittance: (Check One) _____New Placement _____Move-In _____Returning to Sp Ed

1. SPECIAL EDUCATION SERVICES(S): (Select from the list below)

Primary Excep _____

Secondary Excep (if any): _____

- AM** - Autism
- DB** - Deaf-Blind
- DD** - Developmentally Delayed
- EC** - Early Childhood Disability
- ED** - Emotional Disturbance
- GI** - Giftedness
- HI** - Hearing Impaired
- LD** - Specific Learning Disability

- MR** - Mental Retardation
- OH** - Other Health Impairment
- OI** - Orthopedic Impairment
- SL** - Speech/Language
- MD** - Multiple Disabilities
- TB** - Traumatic Brain Injury
- VI** - Visual Impairment

2. RELATED SERVICES(S): Please circle all related services

- AP** - Adaptive PE
- OT** - Occupational Therapy
- PT** - Physical Therapy
- SS** - Speech/Language (as a related service)
- SW** - Social Work Services

- VO** - Vocational Special Education
- IN** - Interpreter Services
- OM** - Orientation and Mobility
- SH** - School Health Services
- OTHER** _____

B. DISMISSAL: Date of Action: _____

Reason for Dismissal: (Check One)

_____ Criteria Met _____ Dropped Out _____ Withdrawn _____ Graduated
_____ Moved – If student moved, please indicate what school or state the student moved to: _____

1. DISMISSING FROM CURRENT SPECIAL EDUCATION SERVICES(S): (See Codes above)

Current Primary Exceptionality to Dismiss From: _____

Current Secondary Exceptionality to Dismiss From (If any): _____

2. DISMISSING FROM CURRENT RELATED SERVICES(S): (See Codes above)

List Current Related Service(s) to Dismiss From: _____

PRIMARY PROVIDER: _____

RELATED SERVICE PROVIDER(S): _____