

Checklist for Proper Documentation of Initial Placement

Student's Legal Name: _____
(first) (middle initial) (last) (gen code - Jr., II, etc.)

KIDS ID Number: _____ Gender: M F Date of Birth: _____

Resp LEA #: _____ Resp BLDG #: _____ Student is eligible for services: Yes No

*If student is **eligible**, complete BOTH sides of this form. If student is **not** eligible, skip to page 2.*

Language (circle one)

EN - English	LO - Lao
AR - Arabic	ZH-ZH-CMN - Mandarin
A - Augmentative Communication	M - Mode of Communication
ZH-YUE - Cantonese	NAT-AM - Native American
CHK - Chuukeese (Marshall Islands/Micronesian)	N - Non-Verbal & Non-Sign
DIN - Dinka (Sudanese)	O - Other
IRA - Farsi (Iranian)	PH - Philippine/Tagalog
FR - French	RU - Russian
DE - German	SO - Somali
HMN - Hmong	ES - Spanish
KHMR - Khmer/Cambodian	TH - Thai
KO - Korean	VI - Vietnamese
	ZH-WUU - Wu
	YU - Yugoslavian (Bosnian/ Serb/Croatian)

Ethnic Group (must select one)

Hispanic or Latino

Not Hispanic or Latino

Race (select all that apply)

White

Native Hawaiian or Other Pacific Islander

Black or African American

Asian

American Indian or Alaska Native

IEP Date: _____

Medicaid Form included?	Yes	No
Electronic Consent Form included?	Yes	No
Foster Care?	Yes	No
Special Transportation Provided?	Yes	No
Nurse Notified?	Yes	No

Entry Status (circle one)

B - Children age 3 who transition from Part C to Part B by their 3rd birthday

E - Entering from another District or Agency

I - Reinitiation of Services: IDEA student who has had all services revoked by parent or self (if 18 years of age or older) and services have been restarted this school year.

N - New Referral

R - Returning to a Special Ed Program: Student who has previously received services at some point in their life; completed objectives; dropped out or left without a written revocation and then returned to services.

Case Coordinator's Signature / Date

Special Education Director's Signature / Date

