

INTERMEDIATE SCHOOL DISTRICT 917 INTAKE

IEP/IFSP Manager _____ Intake Date _____

Full Name: _____ DOB: _____ Age: _____ Grade: _____ M F Start date: _____

Resident dist. _____ Providing dist. _____ Serving dist. _____

Parent/Guardian name: _____ Home phone _____ Work _____ Cell _____

Address: _____ City _____ State _____ Zip _____

Parent/Guardian name: _____ Home phone _____ Work _____ Cell _____

Address: _____ City _____ State _____ Zip _____

Legal Guardian: _____

Foster/Group/Other Home _____

Proof of legal guardianship obtained.

IMMUNIZATION AND HEALTH RECORDS

- YES. Immunization print copy has been provided.
- YES. Immunization and all health file print copies have been provided.
- NO. If no to either the above,
 - _____ Learner is from a district using TSIS. The 917 LSN has been contacted to retrieve the records.
 - _____ Learner is not from a district using TSIS. The name of the school the learner was enrolled in kindergarten or grade 7, whichever is most recent, is: _____. The 917 LSN has been contacted to retrieve the records.
 - _____ Learner is an enrolling preschooler. Parents to request immunization records be sent/faxed from medical practitioner's office.

DUE PROCESS

- IEP Due: _____ Primary: _____ Secondary: _____
 - Eval. Due: _____ IEP Services: OT, SPL, MH, NURSING, DAPE, AUD, PT, OTHER _____
- Last program attended & dist.# _____ Former IEP Mgr./Dist. contact _____

INTER-AGENCY SERVICES

- Social Worker: _____ Phone _____
- Rehab. Counselor: _____ Phone _____
- Therapist: _____ Phone _____
- Truancy Officer: _____ Phone _____
- Interpreter Contact: _____ Phone _____
- Other: _____ Phone _____

BACKGROUND INFORMATION

Reason for referral (LRE): _____

Relevant History: _____
