

HART COUNTY SCHOOLS

Special Education Student Update

Complete Sections I – III as thoroughly as possible

SECTION I – IDENTIFYING INFORMATION:

Date Completed:

Student Name:

DOB:

Grade:

Case Manager:

School:

SECTION II – PRIMARY DISABILITY & RELATED SERVICES:

Primary

Autism

Deaf-Blindness

Developmental Delay

(please check areas)

Cognitive

Motor

Communication

Personal/Social

Adaptive

EBD

Hearing Impairment

Multiple Disabilities

(please specify two areas):

1. _____

2. _____

FMD

MMD

Orthopedic Impairment

OHI: _____

Visual Impairment

Traumatic Brain Injury

SLD

(please check areas):

Basic Reading

Reading

Comprehension

Reading Fluency

Math Calculation

Math Reasoning

Written Expression

Oral Expression

Listening

Comprehension

Speech-Language

Related:

Physical Therapy

Occupational Therapy

Speech-Language

Special Transportation

Other _____

SECTION III – RECENT CHANGE:

(Check ONLY one below of #1-5)

1. **Initial Placement** (tested and found eligible for IDEA services)

***Please refer to Section I and II (above) for details regarding student information, primary disability eligibility, and eligible related services**

Date of Initial Placement ARC: _____

2. **Transfer In – New Student** (moved in from out of district)

Name of previous district/school: _____ Date of last Eval/Reeval ARC: _____

3. **Transfer Out** (moved out of district)

Date Withdrew: _____

Name of receiving district/school (if known): _____

4. **In-district Transfer** (changed schools within Hart County School District)

Sending School: _____ **AND** Receiving School: _____

5. **Released from ALL Special Ed Services** Date: _____

6. **Released from Special Ed Services but continues to receive services for Speech-Language Impairment**

Date: _____

7. **Remains in Special Education, however, student was released from the following related service(s):**

(check all that apply): Speech, OT, PT Date: _____

8. **Student...** a. Graduated c. Dropped Out d. Home Schooled Date: _____

9. **Transferred to/from Home Hospital (HH)**

Date Enrolled in HH: _____ Date Returned to School from HH: _____

Reason for HH: _____

(updated 05/23/16)

Provide one copy to your schools IC manager and one copy central office