

Intake Information for ESE Transfer

St. Lucie Public Schools
 Exceptional Student Education
 9461 Brandywine Lane, Port St. Lucie, FL 34986 772.429.4523

Student:	ID#: 56								
Date of Birth:	Grade:								
Parent/Guardian:	Phone: ()								
Address:								SLC Entry Date: / /	
City/State/Zip Code:									

Contact Information

Please Check One: In-State Transfer Out-of-State Transfer Re-Entry to SLC

Last School Attended:	Date of Phone Contact(s):
Address:	
City/State/Zip Code:	
Name of Contact:	Phone: ()
Position:	Fax: ()

ESE Eligibility and Placement Information

Primary:	Secondary:
Related Services/Minutes:	
Current Plan Date:	Plan Expiration Date:
Referral Date:	Consent for Evaluation Date:
Eligibility Date:	Placement Date:
Last Reevaluation Date:	Triennial Due Date: (3 yr. eval. due)
Specialized Trans: YES / NO Specify the Need:	
Standard State Assessment: YES / NO Levels: _____ ELA, _____ MA, _____ SC. Additional Scores:	Alternate State Assessment: YES / NO Datafolio: YES / NO Assessment Scores:

Special Education Services

Specially Designed Instruction	Initiation	Duration	Frequency	Location

Related Services	Initiation	Duration	Frequency	Location

Least Restrictive Environment

Student's Total Time in School Week (from prior school) _____	
Student's Total Time With Non-Disabled Peers (from prior school) _____	
Placement: Gen Ed <input type="checkbox"/> Resource <input type="checkbox"/> Separate <input type="checkbox"/> (circle one) A B C	Self-Contained: YES / NO What type of class: Academics <input type="checkbox"/> Behavior <input type="checkbox"/> ASD <input type="checkbox"/> InD <input type="checkbox"/> Other _____ Modified Curriculum: YES / NO
Separate <i>School</i> Placement (Center School) YES / NO (Separate/Center School = 100% Special Ed.)	
Matrix: Curr/Learning _____, Soc./Emot. _____, Ind. Funct. _____, Hlth. _____, Comm. _____.	
Extra Points _____ Cost Factor <input style="width: 50px; height: 20px;" type="text"/>	

Supplementary Aids and Services

Additional Information

Medical Conditions: YES / NO IHP/Needs: YES / NO		
Behavioral Information/FBA/BIP: (circle one) YES / NO Request copy In class daily behavior chart: (circle one) YES / NO Request copy		
Academic / Additional Information:		
Records to be faxed/mailed: (circle one)		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Form Completed by:</td> <td style="width: 30%;">Date:</td> </tr> </table>	Form Completed by:	Date:
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