

School District Name:  
School District Address:  
School District Contact Person/Phone #:

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## Administrative Data Sheet

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### STUDENT INFORMATION:

Full Name: \_\_\_\_\_ School ID#: \_\_\_\_\_ SASID: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade/Level: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Language of Instruction: \_\_\_\_\_  
Address: \_\_\_\_\_ Sex:  Male  Female  
Home Telephone: \_\_\_\_\_  
If 18 or older:  Acting on Own Behalf  Court Appointed Guardian: \_\_\_\_\_  
 Shared Decision-Making  Delegate Decision-Making

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### PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_  
Primary Language of parent/guardian: \_\_\_\_\_

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### PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_  
Primary Language of parent/guardian: \_\_\_\_\_

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### MEETING INFORMATION:

Date of Meeting: \_\_\_\_\_ Type of Meeting: \_\_\_\_\_  
Next Scheduled Annual Review Meeting: \_\_\_\_\_ Next Scheduled Three Year Reevaluation Meeting: \_\_\_\_\_

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### ASSIGNED SCHOOL INFORMATION: (Complete after a placement has been made.)

School Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Role: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Cost-Shared Placement:  No  Yes If yes, specify agency: \_\_\_\_\_

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**After a meeting, attach to an IEP, an IEP Amendment or an Extended Evaluation Form.**