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

# Administrative Data Sheet

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| **STUDENT INFORMATION** |
|  Full Name:  |  School ID#:  |  SASID: |
|  Birth Date:  |  Age:  |  Grade/Level:  |
|  Primary Language:  |  |  Language of Instruction:  |  |
|  Address: |  Gender:   [ ]  Male   [ ]  Female   [ ]  Non-Binary |
|  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:  |

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

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

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