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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.