Case Manager:		_	School Year:					
Student Name		Stude	Student ID					
School		LI	LEA					
Birthdate		S	Sex					
Ethnicity		Grade	Grade Level					
Primary Home Language			Language Spoken by Student					
Parent		Gua	Guardian					
Street Address				-1				
City			Zip			Phone		
Date of last IEP		Disabil	lity Code*			Tim	e Code**	
		1						
Entry Date	Exit Date	Exit Code***	Mem	bership <i>†</i>	Regular Percent Code††		Code††	Environment Code†††
**Time Codes (grades K-12) A: 1-59 min. in Special Education Service **Exit Codes (ages 3-21) A: 1-59 min. in Special Education Service **Exit Codes (ages 3-21) A: Returned to Regular Placement S: Service Change D: Reached maximum age (end of term following the 22 nd birthday) X: Exited school (use for any transfer, dropout or high school comp.) **Today Northopedic Impairment OI: Orthopedic Impairment SL: Specific Learning Disability TB: Traumatic Brain Injury VI: Visual Impairment (Including Blindness) VI: Visual Impairment (Including Blindness) VI: Alignment (Including Blindness) VI: Visual Impairment (Including Blindness) VI: Visual Impair (Including Blindnes								
†Membership (grades K-12) This is reported at the end of the year. Please refer to the Technical Assistance Manual for directions.								
††Regular Percent Codes (grades K-12)								
1: 80% or more of the day in regular classroom 2: 40-79% of the day in regular classroom 3: Less than 40% of day in regular classroom								
F: Regular progr G: Regular progr J: Regular progr K: Regular progr R: Public Resider S: Public Separa C: Non-Regular M: Neither Regular	ervice in othervice in EC Fervice in other ervice in other ecial Educat Home	Program er location Program er location	######################################					