**Administrative Data Sheet**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Full Name: | | plcFullName | | | | | | | | School ID#: | plcSchoolId | | | | SASID: | | | | plcSASID | | | | |
|  | Birth Date: | | plcDOB | | | | Place of Birth: | plcPlaceBirth | | | | | | | Age: | | | plcAge | | | Grade/Level: | | | plcGrade |
|  | Primary Language: | | | | plcPrimaryLang | | | | | | Language of Instruction: | | plcLangOf | | | | | | | | | | | |
|  | Address: | plcAddress | | | | | | | | | | | | | | | Sex: | |  | | Male |  | Female | |
|  | Home Telephone: | | | plcHomePhone | | | | | | | | | | | | | | | | | | | | |
|  | If 18 or older: | | |  | | Acting on Own Behalf | | |  | Court Appointed Guardian: | | | | plcCourtGuard | | | | | | | | | | |
|  |  | | |  | | Shared Decision-Making | | |  | Delegate Decision-Making | | | | | | | | | | | | | | |

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| **PARENT/GUARDIAN INFORMATION:** | | | | | | | |
| Name | | plcZpNameParent | | | Relationship to Student: | | plcErRelation |
| Address: | plcXAddressParent | | | | | | |
| Home Telephone: | | | plcYhHomeTele | | Other Telephone: | plcOpOtherPhoneGuard | |
| Primary Language of parent/guardian: | | | | plcLgLangGuard1 | | | |

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| **PARENT/GUARDIAN INFORMATION**: | | | | | | | |
| Name: | plc2NameParent2 | | | | Relationship to Student: | | plc2Relation2 |
| Address: | | plc2AddressParent2 | | | | | |
| Home Telephone: | | | plc2HomeTele2 | | Other Telephone: | plc2OtherPhoneGuard2 | |
| Primary Language of parent/guardian: | | | | plc2LangGuard2 | | | |

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| **MEETING INFORMATION:** | | | | | |
| Date of Meeting: | plcDateMeeting | | Type of Meeting: | plcTypeMeeting | |
| Next Scheduled Annual Review Meeting: | | plcNext | Next Scheduled Three Year Reevaluation Meeting: | | plc1NextSchedule |

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| **ASSIGNED SCHOOL INFORMATION: (Complete after a placement has been made.)** | | | | | | | | | | | |
| School Name: | | plcsAssignedSchoolName | | | | | Telephone: | | plchAssignedHomePhone | | |
| Address: | plcaAssignedAddress | | | | | | | | | | |
| Contact Person: | | | plcAsAssignedContact | | Role: | plcrAssignedRole | | | | Telephone: | plc1pAssignedPhone |
| Cost-Shared Placement: | | | | No , Yes If Yes, specify Agency | | | | plcSpecifyAgency | | | |

Bottom of Form

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

**Massachusetts DOE / Administrative Data Sheet ADM 1**