This document provides critical information to be used in the event of an emergency involving a Melmark New England student.

Identification

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | **Legal Name (Last, First, MI)** | **Afsar,Saquib,A** |
| **Nickname** | **Test** |
| **Date of Birth** | **09/10/2005** |
| **Current Address or Residential Service Setting** | **Thriprayar** **/** **Thrissur,NV 00000** **United States** |
| **Date of Admission** | **08/19/2013** |
| **Place of Birth** | Boston |
| Picture Date taken | 02/16/2022 | | Citizenship |  |
| Race | | 03/09/2022 | Primary Language | Bengali |
| Height (date) | | 5.500 ft (03/2022) | Gender | Male |
| Weight (date) | | 189.200 lbs (03/2022) | Legal Competency Status | Minor |
| Hair Color | | black | Guardianship Status | Parents |
| Eye Color | | Brown | Other State Agencies Involved With Student | N/A |
| Distinguishing Marks | | None | Marital Status of Both Parents | Married |
| Case Manager Residential | | | N/A | |
| Case Manager Educational | | | Erica DeMartino | |
| Primary Nurse | | | Eglantine Ranoux, RN, BSN | |
| **Educational Surrogate:** (if applicable) | | | Breen,Jay | |

Emergency Contacts – Personal

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Relation | Mother | Full Name | Afsar,Sabina | Primary Language |  |
| Address | 35 Fort Pond Hill Road,Littleton | | | Home Phone | (978)266-9555 |
| Other Phone |  |
|  |  |  | | | **E-mail** | shoque1000@gmail.com |
| 2 | Relation | Father | Full Name | Afsar,Mohammed | Primary Language |  |
| Address | 35 Fort Pond Hill Road,Littleton | | | Home Phone | (978)266-9555 |
| Other Phone |  |
|  |  |  | | | **E-mail** | mafsar@ece.tufts.edu |
| 3 | Relation | Educational Surrogate | Full Name | Breen,Jay | Primary Language |  |
| Address |  | | | Home Phone |  |
| Other Phone |  |
|  |  |  | | | **E-mail** |  |
| 4 | Relation | Employer | Full Name | Mamoon,Mohammed | Primary Language |  |
| Address | 42 Swanson Court ,Apt. 26A,Boxboro | | | Home Phone | (978)929-9494 |
| Other Phone |  |
|  |  |  | | | **E-mail** |  |

Emergency Contacts – School

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Full Name, Title | Helena New Maguire New,Executive Director | Phone | (978)645-4300 |
| 2 | Full Name, Title | Frank New Bird New,Vice President and Chief Clinical officer | Phone | (978)654-4300 |
| 3 | Full Name, Title | Silva New Orchanian New,Senior Director of School Services | Phone | (978)654-4300 |
| 4 | Full Name, Title | Julia New Hrdina New,Director School Servivices | Phone | (978)654-4300 |
| 5 | Full Name, Title | Kimberly New Duhnyan New,Director Residential Services | Phone | (978)654-4300 |

Medical and Insurance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Primary Physician | Full Name |  | Office Phone |  |
| Address |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance | Insurance Type |  | Policy Number |  |
| Policy Holder |  |  | |
| Insurance | Insurance Type |  | Policy Number |  |
| Policy Holder |  |  | |

|  |  |
| --- | --- |
| Date of Last Physical Exam |  |
| Medical Conditions/Diagnosis |  |
| Allergies |  |
| Current Medications |  |
| Self Preservation Ability |  |
| Significant Behavior Characteristics |  |
| Relevant Capabilities, Limitations, and Preferences | Capabilities |
| Limitations |
| Preferences |

Referral/IEP Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Liaison | Full Name, Title | Kathleen Russo,LEA | Phone | (978)540-2500 |  |

|  |  |
| --- | --- |
| Referring Agency | Littleton Public Schools/Somerville Public Schools |
| Source of Tuition | Littleton Public Schools/Somerville Public Schools |

Education History

|  |  |
| --- | --- |
| Date Initially Eligible for Special Education | 02/10/2022 |
| Date of Most Recent Special Education Evaluations | 02/10/2022 |
| Date of Next Scheduled 3-Year Evaluation | 05/10/2022 |
| Current IEP Start Date | 02/10/2022 |
| Current IEP Expiration Date | 05/20/2022 |

Schools Attended

Lists schools attended in reverse-chronological order with current placement first.

|  |  |  |
| --- | --- | --- |
| Name | Address | Dates Attended |
| Sterling Nursery School Of | 123 Rowley Rd Of,Of,Sterling Of,Indiana | 09/10/2008-08/16/2013 |
| st Jorgia School Of | Of,Training Of,offer,Indiana | 09/10/2008-08/16/2013 |
|  | Florida | 09/10/2008-08/16/2013 |

Discharge Information

|  |  |
| --- | --- |
| Discharge Date | 02/10/2022 |
| Location After Discharge | New |
| Melmark New England’s Follow Up Responsibility | Change |