

HANCOCK COUNTY SCHOOLS  
Special Education Department  
564-3411 Ext. 383

W V E I S

SPECIAL EDUCATION DATA COLLECTION **ENTRANCE**

(INSTRUCTIONS FOR USE OF THIS FORM ON REVERSE SIDE)

STUDENT'S WVEIS NO. \_\_\_\_\_

NAME \_\_\_\_\_  
(No nicknames, please)

GRADE \_\_\_\_\_ HOME SCHOOL \_\_\_\_\_

EXCEPTIONALITY: \_\_\_\_\_

AU	Autistic	MD	Moderately Mentally Impaired
BD	Behavior Disorder	MS	Severely Mentally Impaired
CD	Communication Disorder (use RI, if Speech is a Duplicated service)	MP	Profoundly Mentally Impaired
GF	Gifted	OH	Other Health Impaired
HI	Hearing Impaired	PS	Pre-school Handicapped
LD	Specific Learning Disability	RO	Occupational Therapy
MM	Mildly Mentally Impaired	RY	Physical Therapy
		VI	Vision Impaired

IS YOUR SERVICE DUPLICATED OR UNDUPLICATED? (D or U) \_\_\_\_\_

INITIAL PLACEMENT DATE: \_\_\_\_\_ (This is the date the parent signed the initial IEP)  
(You only need to fill in this date if you are enrolling a student in an Exceptionality for the first time. This date never changes)

MPW: \_\_\_\_\_ LRE: \_\_\_\_\_ (This number or alpha code is found in Part VIII of the IEP under Placement Options)

DATE OF THE CURRENT IEP: \_\_\_\_\_ (This date changes every year)

DATE FOR RE-EVALUATION: \_\_\_\_\_ (This date changes every three years)  
(This date is three years from the date on the last Eligibility Committee Report)

TEACHER'S Name: (Please Print) \_\_\_\_\_

COMMENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

(PLEASE RETURN ORIGINAL – KEEP A COPY IN STUDENT'S SCHOOL FILE)