

HANCOCK COUNTY SCHOOLS

SPECIAL EDUCATION DEPARTMENT

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SPECIAL EDUCATION DATA COLLECTION **ENTRANCE** FORM

TODAY'S DATE: _____

STUDENT'S WVEIS#: _____

NAME: _____
(NO NICKNAMES; CORRECT SPELLING OF STUDENT NAME REQUIRED)

GRADE: _____

TEACHER/SERVICE PROVIDER NAME: _____

SCHOOL: _____

STUDENT TRANSFERRED FROM (IF APPLICABLE): _____

EXCEPTIONALITY: _____
(CHOOSE ONE BELOW)

DUPLICATED/UNDUPLICATED? _____
(D/U)

AU AUSTISTIC
BD BEHAVIOR DISORDER
BP BEHAVIOR INTERVENTION PLAN
(DUPLICATED)
BS BRAILLE SUPPORT
CD COMMUNICATION DISORDER
DB DEAF/BLINDESS
DF DEAFNESS
GF GIFTED
HI HEARING IMPAIRED
LD SPECIFIC LEARNING DISABILITY
MD MODERATELY MENTALLY
IMPAIRED

MM MILDLY MENTALLY IMPAIRED
MP PROFOUNDLY MENTALLY
IMPAIRED
MS SEVERELY MENTALLY IMPAIRED
OH OTHER HEALTH IMPAIRED
PC PERSONAL CARE SERVICES
PH ORTHOPEDIC IMPAIRMENT
PS USED FOR PRESCHOOL
DEVELOPMENTAL DELAY ONLY
RA AUDIOLOGY
RB REHABILITATION COUNSELING
RH SCHOOL HEALTH SERVICES
(NURSES ONLY)

RI INTERPRETING SERVICES
RL DUPLICATED SPEECH SERVICES
RM MEDICAL SERVICES
(DIAGNOSTIC/EVAL ONLY)
RN COUNSELING SERVICES
RO OCCUPATIONAL THERAPY
RP PSYCHOLOGICAL SERVICES
RS SOCIAL WORK SERVICES
RY PHYSICAL THERAPY
(DUPLICATED)
SS SIGN SUPPORT
TS TRANSITION SERVICES
VI VISION IMPAIRED

INITIAL PLACEMENT DATE (DATE THE PARENT SIGNED THE INITIAL IEP): _____

MINUTES PER WEEK (MPW): _____ LRE: _____
(DO NOT USE MINUTES PER MONTH)

DATE OF CURRENT IEP: _____

DATE FOR RE-EVALUATION: _____

COMMENTS: _____