

*****Complete ALL Boxes if New

EIASE

Addchangeformteacher.doc(11/12/08)

CHILD COUNT ADD/CHANGE FORMS

Please check appropriate box-> New Student to Spec Ed: Move In: Current Student:

Last Name : First Name: Middle Name :

Birth date: Grade: SIS#

Residence:(Street) City:

Resident District: Resident School:

Serving District: Serving School:

Begin Date: Exit Date: Reason for Exit:

Primary Disability:(up to 2): Related Services:(up to 8):

% Inside Regular Ed: % Time in Special Ed:

*** Complete this portion if Student is new to Special Education or initial placement after 08/1/2006***

*Parent Consent Date in Special Ed: *Eligibility Date in Special Ed:

Comments:

Teacher's Name completing this form: Date:

Teacher Contact Information: _____
Telephone email address