

# 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)

**AU** AUSTISM  
**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

DUPLICATED/UNDUPLICATED? \_\_\_\_\_

(D/U)

**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: \_\_\_\_\_