## **HART COUNTY SCHOOLS**

## Special Education Student Update Complete Sections I – III as thoroughly as possible

| <u>SECTION I – IDI</u>                   | ENTIFYING INFORM   | <b>MATION:</b> Date Com  | pleted:   |
|--|--|--|---|
| Student Name:<br>Case Manager:           |  | DOB:<br>School:  | Grade:  |
| SECTION II – PR                          | IMARY DISARILIT  | V & RELATED SERVICE  | F.S.•   |
| <b>Primar</b> ☐ Autisi ☐ Deaf-l ☐ Develo | y  | Y & RELATED SERVICE  ☐ Multiple Disabilities (please specify two areas): 1  2 ☐ FMD ☐ MMD ☐ Orthopedic Impairment ☐ OHI: ☐ Visual Impairment | SLD  (please check areas):  Basic Reading  Reading  Comprehension  Reading Fluency  Math Calculation  Math Reasoning  Written Expression  Coral Expression  Listening |
|  | g Impairment   | ☐ Visual Impairment ☐ Traumatic Brain Injury   | Comprehension  Speech-Language  |
| Related:                                 | , , , , , , , , , , , , , , , , , ,  | ☐ Occupational Therapy   |   |
|  | ☐ Special Transportati   | on Other   |   |
| *<br>•<br>□ 2. <b>Tr</b>                 | Please refer to Section I a<br>eligibility, and eligible rela<br>Date of Initial Placement Al<br>ansfer In – New Student ( | nted services RC:  | ing student information, primary disability   |
| ☐ 3. <b>Tr</b>                           | ansfer Out (moved out of c   | listrict)  | ast Eval/Reeval ARC:  |
| ☐ 4. <b>In</b> -                         | district Transfer (changed Sending School:   | l schools within Hart County Scho<br><u>AND</u> Receiving  | pol District) g School:   |
| ☐ 5. <b>Re</b>                           | leased from ALL Special  | Ed Services Date:  |   |
|  | leased from Special Ed Se<br>te:   | rvices but continues to receive s  | services for Speech-Language Impairment   |
|  |  | on, however, student was release<br>ech, \( \subseteq OT, \subseteq PT \) Date:  | d from the following related service(s):  |
| ☐ 8. Stu                                 | ident 🗌 a. Graduated   | ☐ c. <b>Dropped Out</b> ☐ d. <b>Home</b>   | e Schooled Date:  |
| Date En                                  |  | Hospital (HH) Date Returned to School  |   |
| Reason I                                 |  |  | (updated 05/23/1  |
|  |  |  |   |

Provide one copy to your schools IC manager and one copy central office