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| **Student Enrollment*****MARSS*** | ***Early Childhood Special Education******Case Manager:***         | *Office Use Only*:Date received in office:Date entered in SIS: State Aid Category: Verify Res Dist#: \_\_\_\_\_\_\_\_\_\_\_ |
| **District of Enrollment:**[ ]  Fairmont Area[ ]  Truman[ ]  GHEC[ ]  Blue Earth Area[ ]  Martin Co West[ ]  USC[ ]  SPEC (Birth-2) | **Gender:**[ ]  Male[ ]  Female | **Student Full Name:**       ***Last Name***     ***First Name***     ***Middle Name*** | **Date of Birth:**Month / Day / Year        | **Student is Homeless: (*determined by Homeless Liaison):*** [ ]  Yes**Homeless Category:**[ ]  Sheltered [ ]  Doubled-Up [ ]  Unsheltered[ ]  Hotel or Motel |
| **Phone #:**       |
| **Economic Indicator (lunch status):**[ ]  Free (2) [ ]  Reduced (1) [ ]  Full Pay (0) | **MARSS Number:** *(always 13 digits)*        |  | **Home Primary Language:**[ ]  English(11) [ ]  Spanish (45) [ ]  Other:      |
| **Race/Ethnicity:** *BOTH a) and b) MUST be answered****a)***Is this student Hispanic/Latino (3)? [ ]  Yes [ ]  No***b)*** What is the student’s race? (***Must*** *mark at least one)* [ ]  Black or African American (4)[ ]  Asian (2) [ ]  White (5) [ ]  Native Hawaiian/Pacific Islander (2) [ ]  Alaska Native or American Indian (***Must*** *mark at least one below)* [ ]  North American Indian (1) OR [ ]  NOT North American Indian (0)  | **Limited English Proficient?** [ ]  Yes (result of Home Language Survey)**Receives LEP Services:**[ ]  Yes Start Date:     | **Student Last Location:**[ ]  Has been enrolled in another MN school district this school year School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Has prior enrollment in this school this year[ ]  Has prior enrollment this year in another SPEC school[ ]  Never been enrolled in a MN school before |
| **Student Resident Status:** [ ] Foster Home [ ]  Ward of the State [ ]  Lives with Parent(s) [ ]  Court Appointed Guardian [ ]  Other-Specify:      | **Are bio. Parent rights Legally Terminated?**[ ]  Yes [ ]  No**\*If student does not live with a parent, one of these must be checked** |
| **Parent/Guardian Information:** *(if student does not live with parent(s), please write student’s self/foster/guardian address in #1 and include parent information as #2 unless there has been legal separation)* |
|  Name:      Address:     City, State, Zip:        Relationship to Student:     Phone #:      Resident School District Name:     |  Name:      Address:     City, State, Zip:        Relationship to Student:     Phone #:      Resident School District Name:     |
| **Special Education Primary Disability:** [ ]  Speech/Language Impaired (01) [ ]  Emotional/Behavioral Disorders (08)[ ]  DCD: Mild-Moderate (02) [ ]  Deaf-Blind (09)[ ]  DCD: Severe-Profound (03) [ ]  Other Health Disabilities (10)[ ]  Physically Impaired (04) [ ]  Autism Spectrum Disorder (11)[ ]  Deaf-Hard of Hearing (05) [ ]  Developmental Delay (12)[ ]  Visually Impaired (06) [ ]  Traumatic Brain Injury-Disabled (14)[ ]  Specific Learning Disabilities (07) [ ]  Severely Multiply Impaired (16) | **Transportation:**[ ]  No District Transportation (00)[ ]  Regular Bus (01) - Transporting District:     [ ]  Disabled/Spec Ed Bus (03) - Transporting District:     Additional Comments (if needed to clarify): |
|  **Special Education Evaluation Status:** [ ]  Evaluated, but did not qualify (2) [ ]  Active IEP, indirect service only (9)[ ]  Evaluated, receiving services (4) [ ]  Evaluated, qualifies, but parent refused (5)**Special Education Federal Instructional Setting:** \_\_\_\_\_\_\_\_ | **Start Date of Services:**  ***M/D/Y \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_***(This is the first day service is provided) |

- Please remember to inform MARSS Coordinator and ECSE secretary (at the district of enrollment) of **any changes** in this information.

**ECSE Assessment Log**

**(Initial Assessment Only)**

Student Name:        Case Manager:

\*Date district receives signed parental consent for evaluation (Birth-5):

\*Assessment Eligibility Meeting Date:

**ASSESSMENT LOG**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **ACTIVITY** | **ASSESSMENT TEAM MEMBER** | **TOTAL TIME** |
|       | Intake (Parent Interview) |         |        |
|       | Testing/Scoring/Report Writing |         |        |
|       |        |         |        |
|       |        |         |        |
|       |        |         |        |
|       | Observation |         |        |
|       |        |         |        |
|       |        |         |        |
|       |        |         |        |
|       |        |         |        |
|       | IEP or IFSP writing |         |  2  |
|  |  |  |  |
|  |  | *Total assessment hours should be round up to the nearest whole number* |  |

 **TOTAL ASSESSMENT HOURS:**

Hours – Each team member can include hours spent observing, administering tests, scoring, report writing and up to two hours of IEP/IFSP writing may also be included as assessment and reported as attendance and membership.

\*The status *start date* for grade EC (birth-5) children for the purpose of initial evaluation is *the date that the district received parental consent to conduct the evaluation*. *End date* of evaluation is *date of the eligibility determination meeting.*

**Start Date on the reverse side is the date services start after the signed IEP/IFSP.**