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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.**