

McPherson County Special Education Cooperative
514 North Main, McPherson, Kansas 67460

Checklist for Proper Documentation of Initial Placement

Student's Legal Name: _____ Social Security Number: _____
(first) (middle initial) (last)

KIDS ID Number: _____ Sex: M F Date of Birth: _____

Language	
E - English	S - Spanish
V - Vietnamese	O - Other
M - Manual (Sign or Gestures)	
N - Non Verbal and Non Sign	
A - Augmentative Communication	

Ethnic
A - American Indian or Alaskan Native
P - Pacific Islander or Asian
B - Black
H - Hispanic
W - White
Other - _____

Entry Statue
E - Entering from another District/agency
N - New Referral
R - Returning to special ed Program
B - Transition from Part B

Initial Evaluation, Reevaluation, and Eligibility Report date _____

IEP date _____

Start date if different from IEP date _____

Medicaid Eligible for Spectra ? Yes No

Foster Care? Yes No

Special Transportation Provided? Yes No

Nurse Notified? Yes No

Case Coordinator's Signature

Date

Special Education Director's Signature

Date