|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** *(US Dept of Ed Final Guidance requires answers to BOTH parts and proof must be kept on file)*  ***a)***Is this student Hispanic/Latino (3)?  Yes  No  ***b)*** What is the student’s race? (*Must mark at least one)*  American Indian or Alaska Native (1)  Asian (2)  Black or African American (4)  White (5)  Native Hawaiian/Pacific Islander (2) | | | | | | **Limited English Proficient?**  Yes  **Receives LEP Services:**  Yes Start Date: | | **Student Last Location:**  Has been enrolled in another MN school district this school year  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: | | | | | | **Parent Rights Legally Terminated?**  Yes | |
| **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.**