 Blue Earth Area Schools 315 E 6th Street Blue Earth MN 56013-6013	Very top of page, click on Special Education Data Sheet
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STUDENT INFORMATION

Student's Name _____	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Birthdate: _____	ID Number _____
Native Language <u>English</u>	Resident District No. <u>2860</u>	Providing District No. <u>2860</u>	School of Enrollment <u>Blue Earth Area Middle School</u>
Grade _____	IEP Manager Name _____	Telephone Number <u>507-</u> _____	Type of IEP <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual
Primary Disability: <u>Emotional/behavior disorders</u>			Federal Setting: <u>01</u>
IEP Written: <u>9/21/2006</u>	Due: <u>9/21/2007</u>	Evaluation Date: <u>10/14/2005</u>	Due: <u>10/14/2008</u>
IEP Meeting: <u>9/21/2006</u>	Service Start: <u>10/4/2006</u>	Service End: <u>2/16/2007</u>	
Status:	Exit Reason:		

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____	Home Telephone _____	Daytime Phone _____	Native Language _____
Address: _____			
Parent/Guardian Name(s): _____	Home Telephone _____	Daytime Phone _____	
Address: _____			


SERVICES SUMMARY

Instruction or Service Provided	Location		Anticipated Frequency	Minutes Per Session		Service		
	General Education	Special Education		Indirect	Direct	Start Date	End Date	Anticipated Duration
A. Emotional Behavioral Disorder		X	5/week	5	60	10/4/2006	2/16/2007	1 year

Regular school year enrollment:

A. $65 \text{ mins.} \times 5/\text{wk} = 325 \text{ mins/wk} \times 34.6 \text{ wks} = 11,245 \text{ mins.} \div 60 = \underline{187.4 \text{ hours}}$

Total Special Ed Service
Hours for the year..... 187.4

 Fairmont Area Schools 115 S Park Street Fairmont MN 56031-6031	Very top of page, click on	Special Education Data Sheet
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STUDENT INFORMATION

Student's Name _____	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Birthdate: _____/1990	ID Number 2752
Native Language <u>English</u>	Resident District No. 2752	Providing District No. 2752	School of Enrollment <u>Fairmont Senior High</u>
Grade <u>10</u>	IEP Manager Name _____	Telephone Number 235-_____	Type of IEP <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual
Primary Disability: <u>DCD: Mild-moderate</u>			Federal Setting: <u>II</u>
IEP Written: <u>12/15/2006</u>	Due: <u>12/15/2007</u>	Evaluation Date: <u>3/30/2005</u>	Due: <u>3/30/2008</u>
IEP Meeting: <u>12/15/2006</u>	Service Start: <u>12/15/2004</u>	Service End: _____	
Status: <u>SpEd: Evaluated: Receiving special education services [4]</u>	Exit Reason:		

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____	Home Telephone 507-_____	Daytime Phone _____	Native Language _____
Address: _____ <u>Fairmont, MN 56031</u>			

SERVICES SUMMARY

Instruction or Service Provided	Location		Anticipated Frequency	Minutes Per Session		Service		
	General Education	Special Education		Indirect	Direct	Start Date	End Date	Anticipated Duration
A. Developmental/Adaptive Physical Education		Fairmont Jr-Sr. High School	/weekly	5	70	12/15/2006		1 reg school yr
B. Speech/Language		Fairmont Jr.-Sr. High School	/3x/week	20/mo	20	12/15/2006		1 1 reg
X Paraprofessional-Shared		Fairmont Jr.-Sr. High School	/5 days/week	0	1010/wk	12/15/2006		1 reg school yr

Regular school year enrollment, 9/5/06 - 6/1/07:

- A. $75 \text{ mins/wk} \times 35 \text{ wks} = 2,625 \text{ mins} \div 60 = \underline{43.75 \text{ hours}}$
- B1. $20 \text{ mins/mo} \div 4.22 \text{ wks} = 4.74 \text{ mins/wk} \times 35 \text{ wks} = 165.90 \text{ mins} - 60 = \underline{2.77 \text{ hours}}$
- B2. $20 \text{ mins} \times 3/\text{wk} = 60 \text{ mins/wk} \times 35 \text{ wks} = 2,100 \text{ mins} \div 60 = \underline{35 \text{ hours}}$
- X. Paraprofessional minutes are not included in calculation of Spec. Ed. Service Hours. Use zero "0" multiplier.

Total Special Ed Service Hours for the year..... 81.5

** Certified staff only for service hours*