First Week Enrollment Form

Teacher Name:_____

Itinerant Teacher: Yes or No Date Completing Form: _____

*****Itinerant teachers place a star by students for which you are the primary provider***

District:_____

Building Location:_____

Student Name	District of Student Residence	District of *Parent* Residence (if different)	Building Student Attends	% of Time in Regular Education	Full Day ½ Day Vo-tech Other	*Date* Started (00-00-2003)	Elem. or Sec.	Male or Female	CLA Student Yes or No

Please list the related services staff assigned to your program for the 2016-2017 school year. Please return to Carolyn Moore @ MIU IV by August 29th or fax to 724-458-4468 on the day you start school.

Speech Therapist_____

Occupational Therapist _____

Physical Therapist _____

Nurse _____

Individual Aide Per IEP _____

Other if any re: audiologist, vision, hearing _____

➔DO NOT COMPLETE FOR INCLUSION STUDENTS