

2017-2018 Special Education Itinerant Service Form

Teacher/Therapist	Student Full Name (Jr. Sr. II) no nick names	Date of Birth	Grade
1	2	3	4

Building	District Attend	District of Parent	District of Student
5	6	7	8

Direct (Number of Sessions Per Year)	Direct (Length of Sessions)
9	10

Consult (Number of Sessions Per Year)	Consult (Length of Sessions)
11	12

Type of Service	Date Entered (MM-DD-YY)	Date Withdrew (MM-DD-YY)	Reason for Withdrawal (check 1)
13 <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> O/M <input type="checkbox"/> Instruction in the Home <input type="checkbox"/> Autistic Itinerant <input type="checkbox"/> LSS Itinerant <input type="checkbox"/> CBVT <input type="checkbox"/> Adapted PE <input type="checkbox"/> Other Service	14	15	16 <input type="checkbox"/> Left w/o transferring/dropped out <input type="checkbox"/> Transferred to another public LEA <input type="checkbox"/> Transferred to private/nonpublic school out of PA or out of US <input type="checkbox"/> Graduated or GED <input type="checkbox"/> Changed school/grade within LEA <input type="checkbox"/> Deceased <input type="checkbox"/> Exit due to maximum/age complete <input type="checkbox"/> Exit due to maximum/age did not complete <input type="checkbox"/> Hospitalization <input type="checkbox"/> Suspension <input type="checkbox"/> Enrolled did not show

Signature of person completing the form _____ Date _____

Signature of Supervisor _____ Date _____

PLEASE RETURN THIS FORM TO YOUR SUPERVISOR FOR SIGNATURE.
SUPERVISORS – PLEASE FORWARD TO MARY STERNTHAL ONLY

Revised 10/13/2016