STUDENTS WITH UNIQUE CONCERNS

District:	School Year 2014-2015	Monitor:

TRANSFER STUDENTS

Has the district had any students transfer into the district from another Montana school district or from another state in the current school year? _____Yes _____No (If yes, please identify these students below or on additional pages.)

Special Education Teacher/Speech-Language Pathologist	Student Name	Initials	Birthdate	Gender	Note here if transfer was In-state (IS) or Out-of-state (OS)	OPI Use Only

SURROGATE PARENTS

Has the district used surrogate parents during the current or previous school year?
_____ Yes _____ No
(If yes, please identify these students below or on additional pages.)

Speech Education Teacher / Speech-Language Pathologist	Student Name	Initials	Birthdate	Gender	School Building	OPI Use Only

PRIVATE SCHOOLS

In the current or previous school year, has the district evaluated and/or provided special education and related services to students who are enrolled in private schools, including students who are home schooled? _____ Yes _____ No
(if yes, please identify these students below or on additional pages.)

School Building that Student Would Attend If Not in Private School	Student Name	Initials	Birthdate	Gender	Please Mark (X) if Applicable			Special Education Teacher / Speech-Language Pathologist
					Evaluated by District? (Mark X)	Identified as having a disability? (Mark X)	Currently receiving services by the public schools? (Mark X)	

AVERSIVE TREATMENT PROCEDURES

Does the district currently use aversive treatment procedures (as defined in ARM 10.16.3346) with students with disabilities?

_____ Yes _____ No

(If yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Special Education Teacher / Speech-Language Pathologist

MANIFESTATION DETERMINATION

Has the district conducted manifestation determination reviews for students with disabilities during the current or previous school year?

_____ Yes _____ No (If yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Special Education Teacher / Speech-Language Pathologist

SUSPENSION OF STUDENTS WITH DISABILITIES

Has the district suspended any students with disabilities for **ten school days or more** during the current or previous school year?

_____ Yes _____ No

(If Yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Special Education Teacher / Speech-Language Pathologist

EXPULSION OF STUDENTS WITH DISABILITIES

Has the district expelled any students with disabilities for ten school days or more during the current or previous school year?

_____ Yes _____ No

(if yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Special Education Teacher / Speech-Language Pathologist

HIGH SCHOOL GRADUATES DURING THE PAST YEAR

Has the district graduated high school students with disabilities with a regular high school diploma in the previous school year?

_____ Yes _____ No

(If yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Speech Education Teacher / Speech-Language Pathologist	OPI Use Only

EXITED STUDENTS

Have any district students returned to regular education as a result of having met the objectives of their IEP during the current or previous school Year? These are students who no longer have an IEP and are receiving all their educational services from a general education program.

_____ Yes _____ No

(If yes, Please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Speech Education Teacher / Speech-Language Pathologist	OPI Use Only

STUDENTS FOUND NOT ELIGIBLE FOR SERVICES UNDER IDEA

Have any district students been initially evaluated for special education services and found to be not eligible for services under the IDEA in the current or previous school year? _____ Yes _____ No

(If yes, please identify these students below or on additional pages. Do not include three-year-old children if they have been previously listed on this form under the heading **"3-year-old and younger children"**.)

School Building	Student Name	Initials	Birthdate	Gender	Date Evaluation Plan Returned	Date of Initial Evaluation Meeting	Team Leader	OPI Use Only

STUDENTS WHO HAVE HAD EVALUATION REPORT AND IEP MEETINGS DURING THE CURRENT SCHOOL YEAR

Please identify below all students who have had an Evaluation Report and/or IEP meeting (annual or initial) during the current school year.
(You do not need to include students who were initially evaluated for special education services in the current school year and found to be not eligible for services under the IDEA.)

School building	Student Name	Initials	Birthdate	Gender	Date of Evaluation Report	Date of IEP	Special Education Teacher/Speech-Language Pathologist	Check here if it was an initial Eval/IEP

Revocation of Consent

Have any parents revoked consent for special education and related services during the current or previous school year?
_____ Yes _____ No
(If yes, Please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Date of Parent's written revocation	Date of District's prior written notice	Date services ceased?	OPI USE ONLY: Resolution options were used?

Day Treatment Student

Does the district have any students (for which the district recevies A & B) who are receiving day treatment from a state-operated or state-supported program? _____Yes _____No
(If yes, please identify these students below or on additional pages.)

Special Education Teacher / Speech-Language Pathologis	Student Name	Initials	Birthdate	Gender	Note here the facility in which the student is receiving day treatment and the school building	OPI Use Only