STUDENTS WITH UNIQUE CONCERNS

District:	School Year:	Monitor:

TRANSFER STUDENTS

Has the district had any students transfer into the district from another Montana school district or from another state in the last 12 months?
_____Yes _____No (If yes, please identify these student below.)

School Building	Case Manager Name and Position	Student State ID	Student Initials	Birthdate	Gender	Note here if transfer was In-State (IS) or Out-of-State (OS)

SURROGATE PARENTS

Has the district used surrogate parents in the last 12 months? _____Yes _____No (If yes, please identify these student below.)

School Building	Case Manager Name and Position	Student State ID	Student Initials	Birthdate	Gender

PRIVATE SCHOOLS

Has the district evaluated and/or provided special education and related services to students who are enrolled in private school, including students who are home schooled, in the last 12 months? _____Yes _____No (If yes, please identify these student below.)

						Please Mark (X) if Applicable		
School Building the child would attend if NOT in Private School	**Case Manager Name and Position**	**Student State ID**	**Student Initials**	**Birthdate**	**Gender**	**Evaluted by District**	**Identified as having a disability**	**Currently receiving services by the public schools**

AVERSIVE TREATMENT PROCEDURES

Has the district used any aversive treatment procedures (as defined in ARM 10.16.3346) with students with disabilities in the last 12 months? _____Yes _____No (If yes, please identify these student below.)

School Building	Case Manager Name and Position	Student State ID	Student Initials	Birthdate	Gender

Suspension/Expulsion/Manifestation Determination

Has the district suspended any students with disabilities for **ten(10) school days or more, OR** expelled, **OR** conducted a manifestation determination in the last 12 months? _____Yes _____No (If yes, please identify these student below.)

School Building	Case Manager Name and Position	Student State ID	Student Initials	Birthdate	Gender

HIGH SCHOOL GRADUATES

Has the district graduated high school students with disabilities with a regular high school diploma in the last 12 months? _____Yes _____No (If yes, please identify these student below.)

School Building	Case Manager Name and Position	Student State ID	Student Initials	Birthdate	Gender

EXITED STUDENTS

Have any district students returned to regular education as a result of having met the objectives of their IEP in the last 12 months? 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 student below.)

School Building	Case Manager Name and Position	Student State ID	Student Initials	Birthdate	Gender

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 last 12 months? _____Yes _____No (If yes, please identify these student below.)

School Building	Case Manager Name and Position	Student State ID	Student Initials	Birthdate	Gender	Date of Initial Evlauation Meeting

RESPONSE TO INTERVENTION (RtI)

Please identify all students who have had an Evaluation Report meeting within the last 24 months and was identified with a Specific Learning Disability by using the Response to Intervention (RtI) model.

School Building	Case Manager Name and Position	Student State ID	Student Initials	Birthdate	Gender	Date of Evaluation Report	Date of IEP	Check Here if Initial Eval/IEP

REVOCATION OF CONSENT

Have any parents revoked consent for special education and related services in the last 12 months? _____Yes _____No (If yes, please identify these student below.)

School Building	Case Manager Name and Position	Student State ID	Student Initials	Birthdate	Gender	Date of Parent's Written Revocation	Date of District's Prior Written Notice	Date Services Ceased

DAY TREATMENT

Does the district have any students (for which they receive ANB) who are receiving day treatment from a state-operated or state-supported program in the last 12 months? _____Yes _____No (If yes, please identify these student below.)

School Building	Case Manager Name and Position	Student State ID	Student Initials	Birthdate	Gender	Facility in which the student receiving day treatment