

FRANKLIN AND JEFFERSON COUNTIES SPECIAL EDUCATION DISTRICT #801
409 East Park P. O. Box 1027 Benton, Il 62812 Phone 618-439-7231 Fax 618-438-2210

STUDENT FACTS DATA

NEW STUDENT / INTERIM PLACEMENT

revised 10/4/23

Enrollment Date: _____

PURPOSE: NEW ENROLLMENT ONLY

This form is ONLY to be used to enroll new students. All information that applies to the student is to be completed. Failure to complete this form or incorrect data can result in loss of funds.

LAST: _____
FIRST: _____
MIDDLE: _____
DATE OF BIRTH: ___ / ___ / ___
STREET: _____
CITY: _____
STATE: _____ ZIP: _____
HOME PHONE: _____
EMERGENCY PHONE _____
PARENTS NAME: _____
RELATION _____
SEX: __ M __ F ETHNIC: __ W __ B __ H __ A __ I __ T

RESIDENT DISTRICT
Check appropriate district

_____ Akin Grade # 91
_____ Benton District #47
_____ Benton High #103
_____ Bethel Grade #82
_____ Bluford Unit School District #318
_____ Christopher Unit #99
_____ Ewing/Northern Grade#115
_____ Farrington Grade #99
_____ Field Grade #3
_____ Grand Prairie #6
_____ McClellan Grade #12
_____ Mt. Vernon Grade #80
_____ Mt. Vernon High #201
_____ Opdyke/Belle Rive #5
_____ Rome Grade #2
_____ Sesser/Valier #196
_____ Spring Garden #178
_____ Summersville Grade #79
_____ Thompsonville Unit #174
_____ Waltonville Unit #1
_____ Woodlawn Unit School District #209
_____ Zeigler/Royalton Unit #188

CHILD'S MEDICAID NUMBER

(NINE DIGIT NUMBER)

PLACEMENT IEP CONFERENCE DATE
(FJSPED office use only)

_____ / _____ / _____

Grade: _____

SIS#: _____

District Moved from: _____

City: _____ State: _____

Parent agrees that the IEP is satisfactory.

YES: ____ NO: ____

Gen. Ed. Teacher: _____

FUND CODE Check ONLY one

___ A IDEA/Preschool Child Count.
___ B Priv. Day/Resid./Out of St.
___ D Orphanage Act – Group Programs
___ E Orphanage Act – Individual Programs
___ F Priv.Fac./Orphanage Act
___ H Phillip J. Rock Center and School
___ J Private Res. Fac./Public Dist/Extraordinary
___ K IDEA Child Count – nonpublic
___ L IDEA Child Count – non-Public- not enroll
___ N Non-Public School Not receiving services
___ P Home Schooled
___ U Public School not receiving services
___ X Excess Cost (4 Times per cap)

3 Yr. Re-Eval: _____

Annual Review: _____

Initial Eval: _____

DISABILITIES (“P” Primary list first, “S” Secondary second - if identified)

CODE DISABILITY

- A** INTELLECTUAL DISABILITY (INTD)
- C** ORTHOPEDIC IMPAIRMENT (PI)
- D** SPECIFIC LEARNING DISABILITY (SLD)
- E** VISUAL IMPAIRED (VI)
- F** HEARING IMPAIRED (HI)
- G** DEAFNESS
- H** DEAF-BLINDNESS (D-B)
- I** SPEECH OR LANG. IMP. (S/L)
- K** EMOTIONAL DISABILITY (ED)
- L** OTHER HEALTH IMPAIRED (OHI)
- M** MULTIPLE DISABILITIES (MD)
- N** DEVELOPMENT DELAY (DD)
- O** AUTISM (AUT)
- P** TRAUMATIC BRAIN INJURY (TBI)

(Check ONE code that best describes the Student’s educational placement)

- 01** A student that is **inside** the regular classroom for 80% or more of the school day.
- 02** A student that is inside the regular classroom no more than 79% of the school day and no less than 40% of the school day.
- 03** A student that is inside the regular classroom less than 40% of the school day.
- 04** Full-Time special education class in a separate public day school that does not house programs for students without disabilities.
- 05** Full-time special education class in a separate public day school that does not house programs for students without disabilities in conjunction with a student’s placement in a residential facility.
- 06** Phillip J. Rock Center & School (Fund code H)
- 07** Students who are receiving special education services in a county or municipal detention center, state correctional facility, or jail.
- 08** Private Day School or Out-of-State Public Day school
- 09** Private Residential Facility In-State
- 10** Private Residential Facility Out-of-State
- 11** Homebound Instructional Programs
- 12** Hospital Instruction Program Information regarding eligibility for these pupils can be found in 23 Ill. Administrative code 226.300(d)
- 13** Illinois School for the Deaf
- 14** Illinois School for the Visually Impaired. To be used only by Resident District when reporting students served in a Department of Human Services facility.
- 15** Illinois Center for Rehabilitation & Education. To be used only by Resident District when reporting students served in a Department of Human Services facility.
- 16** Department of Human Services To be used only by Resident District when reporting students served in a Department of Human Services facility.
- 28** Parentally Placed in Nonpublic Schools and Home Schooled.

RELATED AND OTHER SERVICES

List STAFF Provider’s NAME

- 02** AIDE- CLASS

- 03** AIDE-INDIVIDUAL STUDENT

- 05** AUDIOLOGY

- 10** INTERPRETER SERVICES

- 13** OCCUPATIONAL THERAPY

- 15** ORIENTATION & MOBILITY

- 19** PHYSICAL THERAPY

- 22** SCHOOL HEALTH SERVICES

- 23** SPEECH/LANGUAGE SERVICES

- 24** SOCIAL WORK SERVICES

- 25** TRANSPORTATION

- 26** REGULAR Ed TEACHER

- 27** TRANSITION PLAN

- 28** BEHAVIOR INTERVENTION PLAN

Special Education Teacher:

Date: _____

Percent of time inside the regular classroom: _____