

IBERVILLE PARISH SPECIAL EDUCATION PROGRAM

ENTERING REPORT

Student: _____ DOB: _____ SS#: _____

Parent/Guardian: _____ Address: _____

Phone: _____ Age: _____ Sex: _____ Race: _____

School: _____ Exceptionality: _____ Grade: _____

ENTERING INFORMATION

Date Enrolled (Special Education): _____

MOVED FROM- PARISH: _____ School: _____

Last Evaluation Date: _____ Last IEP Date: _____

Comments: _____

Principal's Signature

Date

Teacher's Signature

Date

IF THE ABOVE STUDENT IS FROM OUT OF PARISH, USE THE FOLLOWING PROCEDURES:

 Send in Entering Report Immediately.

 Copy Evaluation and IEP and Send in as soon as you receive them.