

## 1879 Deerfield Road - Lebanon, OH 45036

(513) 695-2900 · Fax (513) 695-2961

http://www.warrencountyesc.com

## **Planning Form for Potential Students**

Date:	
Student Name:	Grade:
DOB:	
Disability Category:	Requested Program (ED/MD/Social Communication):
District Representative:	Phone #:
District of Residence:	
District of Attendance:	
Last Educational Placement:	

The following documents are needed to support the planning process to a Warren County ESC program:

- 1. Current ETR
- 2. Current IEP
- 3. Recent Progress Reports
- 4. Current Behavior Plan if applicable
- 5. Crisis plan if applicable
- 6. Immunization
- 7. Emergency action plan if applicable
- 8. Medication authorization form
- 9. Results of state and district testing (Official Transcripts if a High School Aged Student)

## Warren County Educational Service Center

Parent/Guardian/Student

Consent for Records Release

To:

Re: \_\_\_\_\_

(Student Name)

\_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_\_

(Street Address)

(City, State, Zip Code)

From: Warren County Educational Service Center

We are requesting the following Information records for the above named student:

\_\_\_All personally identifiable data on file

Reason for Request:

\_\_\_\_To aid in making present and future educational decisions.

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the above named student in the manner indicated.

Signature of Parent/guardian or student if 18 or older

Address

City, State, Zip Code

Date