

Planning Form for Potential Students

Date:		
Student	Name:	
Grade:_		
DOB:		
Disabili	y Category (if applicable):	
Reques	ed Program:	
	Learning Center Multi Disability Social Communication Program Wellness Center Phoenix Academy (K-5 Alternative School)	
Has the	student been in a prior placement? (YES or No)	
If YES w	here	
	uccessful? (Yes or No) hy not:	
	r placement experiences will not impact placement in our programs and this information will be used for gurposes and ensuring smooth transition based on the student needs.	
District Representative: Phone #:		
District	of Residence:	
District	of Attendance:	
Last Edu	cational Placement:	
The foll	owing documents are needed to support the planning process to a Warren County ESC program:	
1. 2. 3. 4. 5. 6.	Current ETR Current IEP Recent Progress Reports Student Behavioral Referrals Current Behavior Plan if applicable Crisis plan if applicable	
1. 2. 3. 4. 5.	Current ETR Current IEP Recent Progress Reports Student Behavioral Referrals Current Behavior Plan if applicable	

8. 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

То:_____

Re: _____

(Student Name)

Age:	Birthdate	
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