

SPECIAL EDUCATION CHANGE OF INFORMATION

Please complete this form for all special education and speech student who are currently receiving services, have a referral or are placed on a temporary placement.

Student Name _____ DOB _____ Grade _____ Date _____

Termination/Begin Date _____ UIC# _____ Building _____

Special Education Services _____ Provider _____

Make appropriate changes:

Address: _____

Moved from district to: _____ Code # _____

Phone: () _____

Guardianship: _____

Drop Out, please put Code # listed below _____.

Has returned to school, Date: _____

Other: _____

Teacher Signature: _____

Supervisor Signature: _____

CODES

- 01 Graduated with General Education Diploma
- 02 Graduated enroll to degree grant college or univ.
- 03 Graduated from an alternative program
- 04 Graduated, enroll to non-degree grant institution.
- 05 Completed general education with an equivalence certificate
- 06 Completed general education with other certificate
- 07 Dropped out of school (This can only be used for students ages 14-21)
- 08 Enrolled in another district
- 09 Moved out of state
- 10 Expelled from school
- 11 Enlisted in military or job corps
- 12 Deceased
- 13 Incarcerated
- 14 Enrolled in home school
- 15 Enrolled in non-public school
- 16 Unknown
- 17 Placed in a recovery or rehabilitative program
- 18 Left adult education
- 20 Certificate of Completion/Fulfillment of IEP
- 21 Reached maximum age
- 30 Declassified, IEP team determination
- 31 Declassified, parent revoked consent
- 40 Grad Middle College wt HS and Associates
- 41 Grad Middle College wt only HS diploma
- 42 Graduated from another district