

STUDENT IDENTIFICATION/INFORMATION SHEET

Student Registration/CODA

This sheet is to be completed by the Teacher of Record and given to the school registrar after every special needs conference.

Student Name: _____ Grade: _____

Complete all sections of this sheet before giving to your school registrar.

	Yes	No
1. English Language Learning (ELL/ESL/LEP)	<input type="checkbox"/>	<input type="checkbox"/>
2. Section 504 Plan	<input type="checkbox"/>	<input type="checkbox"/>
3. IEP	<input type="checkbox"/>	<input type="checkbox"/>

4. Exceptionality/Primary and Secondary (Indicate 1 for Primary, 2 for Secondary)

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
00	GENERAL EDUCATION	09	LANGUAGE OR SPEECH IMPAIRMENT
01	MULTIPLE DISABILITIES	10	MILD COGNITIVE DISABILITY
02	ORTHOPEDIC IMPAIRMENT	11	MODERATE COGNITIVE DISABILITY
03	BLIND/LOW VISION	12	SEVERE COGNITIVE
04	DEAF OR HARD OF HEARING	13	HOMEBOUND
05	EMOTIONAL DISABILITY-FT	14	DEAF-BLIND
06	EMOTIONAL DISABILITY-OTH	15	AUTISM SPECTRUM DISORDER
07	SPECIFIC LEARNING DISABILITY	16	TRAUMATIC BRAIN INJURY
08	DEVELOPMENTAL DELAY	17	OTHER HEALTH IMPAIRMENT

5. LRE code (taken from IEP) _____

6. ISTEP _____ ISTAR _____ ECA _____ WIDA _____

Testing Accommodations

<input type="checkbox"/> Oral Testing	<input type="checkbox"/> Large Font
<input type="checkbox"/> Use of Calculator	<input type="checkbox"/> Large Print
<input type="checkbox"/> Extended Time	<input type="checkbox"/> No Accommodations

7. Gradebook Notes _____

8. Student released from services _____ Date _____

Type of services released from _____
All _____

Submitted by (TOR): _____ Date _____