- INFANT DATA SHEET

Date: _____   Case Manager: _____

☐Initial Placement☐Review☐Annual IFSP☐Transition IFSP☐Exit IFSP

Student Information

Last: _____   First: _____

Gender: ____   Birthdate: _____   Age: _____

SSN: _____   Residential Status: _____

Parent/Guardian: _____

Address: _____ *City:* _____   Zip: _____ State: _____

Home Phone: _____   Work Phone Father: _____   Work Phone Mother: _____

Educator Information

Grade: _____

District residence: _____   SELPA Code: __

Primary Disability: _____   Secondary Disability: _____

Ethnicity: _____   Home Language: _____   LEP: ___   Migrant: _____

Solely Low Incidence Disability ☐Yes☐No   Infant Setting: _____

Transportation ☐Yes☐No

School Type: _____   ☐CAC Mailing

Date of Original Entry: _____   Date of Last IFSP: _____   Date of Next IFSP: _____

Date of 3-yr Assessment: _____   Original Referral Date: _____

Extended Year: ☐Yes☐No

Student Enrollment Information (Service)

07/28/03 Infant - MIS form