

**MARGARETTA EMIS FORM**  
**K-12 Students**

Teacher: \_\_\_\_\_

School Year: \_\_\_\_\_

Name: _____	Admission History: _____
ID#: _____	District of Residence: _____
DOB: _____	District of Attendance: _____
Grade: _____	Building of Attendance: _____

**A. Special Education Events** (report only district events)

Initial IEP Date (IIEP): \_\_\_\_\_  
Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Initial ETR Date (IETR): \_\_\_\_\_  
 Eligible (Report Disability Category Below)  
 Not Eligible (ETNE)

Referral Date (RFRL): \_\_\_\_\_

Parent Consent Date (CNST/CNGT): \_\_\_\_\_

Transfer IEP Date (TIEP): \_\_\_\_\_  
Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Transfer ETR Date (TETR): \_\_\_\_\_  
Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

IEP Review Date (RIEP): \_\_\_\_\_  
Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Re-Evaluation Date (RETR): \_\_\_\_\_

**B. Disability Category** (check appropriate box, circle if changed)

- |  |  |
|--|--|
| <input type="checkbox"/> ET01 Multiple Disabilities (not deaf-blind) | <input type="checkbox"/> ET09 Cognitive Disabilities         |
| <input type="checkbox"/> ET02 Deaf-Blindness                         | <input type="checkbox"/> ET10 Specific Learning Disabilities |
| <input type="checkbox"/> ET03 Deafness/Hearing Impaired              | <input type="checkbox"/> ET12 Autism                         |
| <input type="checkbox"/> ET04 Visual Impairments                     | <input type="checkbox"/> ET13 Traumatic Brain Injury (TBI)   |
| <input type="checkbox"/> ET05 Speech or Language Impairments         | <input type="checkbox"/> ET14 Other Health Impaired (Major)  |
| <input type="checkbox"/> ET06 Orthopedic Impairments                 | <input type="checkbox"/> ET15 Other Health Impaired (Minor)  |
| <input type="checkbox"/> ET08 Emotional Disturbance (SBH)            | <input type="checkbox"/> ** Not Applicable - 504             |

**C. Primary Service Code/Least Restrictive Environment (LEA) Program Code** (check appropriate box)

- |   |   |
|---|---|
| <input type="checkbox"/> 210013 IE13 <21% of the day  | <input type="checkbox"/> 210019 IE19 Private residential facility |
| <input type="checkbox"/> 210014 IE14 21-60% of the day  | <input type="checkbox"/> 210020 IE20 Homeschool/Hospital          |
| <input type="checkbox"/> 210015 IE15 > 60% of the day   | <input type="checkbox"/> 210038 IE38 Nonpublic, paid by school    |
| <input type="checkbox"/> 210016 IE16 Public separate school >50%  | <input type="checkbox"/> 210039 IE39 Nonpublic, paid by parents   |
| <input type="checkbox"/> 210017 IE17 Private separate school (private day care or residential school only - doesn't reside) |   |
| <input type="checkbox"/> 210018 IE18 Public residential facility (lives at DYS, School for Deaf, School for Blind)          |   |

**D. Exit from Special Education** (requires special education event with outcome of ETEX)

\*Not to be reported when student graduates or withdraws

Date: \_\_\_\_\_

Prior Category: \_\_\_\_\_

**E. Secondary Planning Element/Transition Plan in Place if 14 by then end of the IEP** (check one)

- \*\*\*\*\* Not Applicable
- 211105 (TPNP) Transition Plan Not in Place
- 211100 (TFYG) Transition Plan in Place. Student plans to meet grad. requirements 4 yrs. after entering 9th grade
- 211100 (TMYG) Transition Plan in Place. Student plans to meet requirements more than 4 yrs. after 9th grade
- 211100 (TPCE) Transition Plan in Place. Met grad. requirements but will continue to receive educational services

Student: \_\_\_\_\_

School Year: \_\_\_\_\_

**F. Related Services** (check only related services described on IEP)

\*NOTE: Use IEP dates as start and end dates for each service

\*NOTE: If the start or end dates is different from the IEP date, please note effective dates next to the service

- |   |   |
|---|---|
| <input type="checkbox"/> 215001 Adaptive Physical Education     | <input type="checkbox"/> 215014 Supervisory Services              |
| <input type="checkbox"/> 215002 Aide Services                   | <input type="checkbox"/> 215015 Vocational Special Ed Coordinator |
| <input type="checkbox"/> 215003 Attendant Services              | <input type="checkbox"/> 215016 Work Study Services               |
| <input type="checkbox"/> 215004 Audiological Services           | <input type="checkbox"/> 215017 Parent Involvement                |
| <input type="checkbox"/> 215005 Guide Services                  | <input type="checkbox"/> 215018 Counseling/Guidance               |
| <input type="checkbox"/> 215006 Interpreter Services            | <input type="checkbox"/> 215019 Adaptive Equipment & Services     |
| <input type="checkbox"/> 215007 Medical Services                | <input type="checkbox"/> 215020 Recreational Services             |
| <input type="checkbox"/> 215008 Occupational Therapy Services   | <input type="checkbox"/> 215021 Special Transportation            |
| <input type="checkbox"/> 215009 Orientation & Mobility Services | <input type="checkbox"/> 215022 Social Work Services              |
| <input type="checkbox"/> 215010 Physical Therapy Services       | <input type="checkbox"/> 215013 Other: _____                      |
| <input type="checkbox"/> 215011 Reader Services                 | <input type="checkbox"/> 215024 Braille Services                  |
| <input type="checkbox"/> 215012 School Psychological Services   | <input type="checkbox"/> 215025 Transitional Services             |
| <input type="checkbox"/> 215013 Speech & Language Services      |   |

**G. IEP Test Type** (the format of the test the student is required to take for ALL tests)

- |  |                                       |                                    |
|--|---------------------------------------|------------------------------------|
| Reading  | <input type="checkbox"/> Kindergarten | (KRAL)                             |
| Math, Reading                                  | <input type="checkbox"/> 3rd          | <input type="checkbox"/> 6th (OAT) |
| Math, Reading, Writing                         | <input type="checkbox"/> 4th          | <input type="checkbox"/> 7th (OAT) |
| Math, Reading, Science, Social Studies         | <input type="checkbox"/> 5th          | <input type="checkbox"/> 8th (OAT) |
| Math, Reading Science, Social Studies, Writing | <input type="checkbox"/> 10th         | (OGT)                              |

Subject Areas	Grade Level of Administration	STA-Standard w/Accommodations STR-Standard w/out Accommodations ALT-Alternate Assessment	OGT Required for Graduation? (Y/N)
Math			
Reading			
Science			
SS/Citizenship			
Writing			

\*\* Test Type applies to testing in general, including but not limited to the state tests. If an IEP does not specifically mention test type and/or accommodations, "STR" should be reported as default.

\*\* IEP Test Type is a required field when reporting events. STA, STR and ALT are the only valid options.

District Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_