

ARDMORE CITY SCHOOLS
Class Enrollment Form

SCHOOL: _____
SCHOOL YEAR: 20-_____ TO 20-_____

TEACHER _____
PROGRAM _____
INITIAL DATE _____

LIST ALPHABETICALLY ALL STUDENTS SERVED DURING THE SCHOOL YEAR. USE BLACK INK, LISTING LAST NAME, THEN FIRST. ANY DROPS SHOULD BE DENOTED WITH RED INK.

PUPIL NAME/ ADDRESS	DOB	AGE	SEX	RACE	GRADE	1st Day of Serv. Curr. Yr.	SSN	PRI. DIS. CLASS	SEC. DIS. SERV.	DD SUSPECTED DISABILITY	RELATED SERVICES
(1) _____											
(2) _____											
(3) _____											
(4) _____											
(5) _____											
(6) _____											
(7) _____											
(8) _____											
(9) _____											
(10) _____											
(11) _____											

PRIMARY DISABILITY CLASSIFICATION

- 03 Hearing Impaired
- 04 Deaf
- 05 Speech
- 06 Visually Impaired
- 07 Emotional disturbed
- 08 Orthopedically Impaired
- 09 Other Health Impaired
- 10 Learning Disability
- 11 Deaf/Blind
- 12 Multi-handicapped
- 13 Autism
- 14 Traumatic Brain Injury
- 15 Developmentally Delayed
- 16 Mentally Retarded

RACE

- 1. Black
- 2. Native American/ Alaskan
- 3. Hispanic
- 4. Asian/Pacific Islander
- 5. White (Not Hispanic)

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12 _____											
(13) _____											
(14) _____											
(15) _____											
(16) _____											
(17) _____											
(18) _____											
(19) _____											
(20) _____											

PROGRAM DESIGN

1. Regular class full time
2. Lab or Resource
3. Special class Self-Contained
4. Public Separate Day School Facility
5. Private Separate Day School
6. Public Residential School
7. Private Residential Facility
8. Homebased/ Hospital Environment

DD PROGRAM DESIGN

1. Early Childhood Setting
2. Home
3. Intinerant Serv. Outside Home
4. Reverse Mainstreaming Setting
5. Parttime Early Childhood Setting
6. Early Childhood Special Ed. Setting
7. Separate School
8. Residential Setting

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(21) _____ _____											
(22) _____ _____											
(23) _____ _____											
(24) _____ _____											
(25) _____ _____											

RELATED SERVICES

Occupational Therapy OT
 Physical Therapy PT
 Transportation T