Mid-Valley Special Education Cooperative

1304 Ronzheimer Ave St. Charles, IL 60174 (331) 228.4873 (331) 228.4891 fax
Serving children and families of the Batavia, St. Charles, Geneva, Kaneland and Central Community School Districts

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Mid-Valley Placement Checklist

A completed form with supporting documents is requested to supply necessary information to MV staff and to complete student file. Mail, email (<u>bonnie.carlson@d303.org</u>) or fax (above) the complete packet to the Mid-Valley Office. <u>A student cannot begin programming without this necessary information.</u>

Person Providing Information:	Phone:	Email:
Student Name:	Home District: _	
Date Sent:	Student Start Date:	
IEP Documents requested to complete student file:		
Is the following information is available on PowerIEP?	Yes No	0
If no, please provide copies of the following to the MV	Office:	
Annual Review/Current IEP (include all goal Copy of most recent Case Study Evaluation, If electronic versions of the reports are not at	including any service pro	ovider reports.
Additional Information (not found on PowerIEP) to con	mplete student file:	
For all programs:		
 Medical Emergency Plan for school Specialized medical reports (audiological, neuro General Health records (proof of physical, immu Private Evaluation reports, if any OT/PT prescription, if available Free and Reduced Lunch application 	logical, etc.) inization record, dental, v	vision)
Assessment: PARCC w/accommodations DLM ACCESS for ELLs Alternative ACCESS for ELLs	ELL Services Services F Service W NA	
Additional Information for New Directions Program:		
Academic Assessment Data (informal/formal ass — Academic Programming Information (reading/m — High School Transcripts, for High School studer — Discipline record for current year / # of student st	ath programs utilized, cu nts	arrent reading/math levels)
For all Programs:		
Describe the technology that the student uses on a regu	lar basis:	
Signature of Person Providing the Information:		