

Candler County Board of Education  
Program for Exceptional Children

STUDENT: \_\_\_\_\_ SS ID: \_\_\_\_\_  
                   (Last)           (First)           (Middle)

STUDENT ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ TEACHER: SCHOOL: \_\_\_\_\_

PRIMARY EXCEPTIONALITY: \_\_\_\_\_ SECONDARY EXCEPTIONALITY: \_\_\_\_\_

AREA SERVED: \_\_\_\_\_ NUMBER OF SEGMENTS: \_\_\_\_\_ SPEECH: ( )Y or ( )N

I. ( ) No Change

II. ( ) No longer in school as of \_\_\_\_/\_\_\_\_/\_\_\_\_:

Reason for withdrawal: \_\_\_\_\_

Transferred to (list school system, school, or agency): \_\_\_\_\_

III. ( ) Program change on \_\_\_\_/\_\_\_\_/\_\_\_\_

( ) Student is completely staffed out of special education.

( ) Student is dismissed from \_\_\_\_\_ program(s), (Attach copy of Eligibility)  
and is continuing in \_\_\_\_\_ program(s).

IV. Is the student transported from one school to another school during the school day? ( )Y or ( )N

V. Check any of the following related services that the student receives through the IEP:

Audiology:\_\_\_\_ OT:\_\_\_\_ PT:\_\_\_\_ Nursing:\_\_\_\_ SPED Transp:\_\_\_\_

School Social Worker:\_\_\_\_ Counseling:\_\_\_\_

If this is a new student OR if there is a change, please list the classes the student is served by special education:

Subject	Times/Periods	List whether student is served through Co-Teaching, Paraprofessional, OR Resource

Every time one of the following events occurs, please fill in the table below with the new date and give to PEC Coordinator:

Event	Date	Student Present (Y or N)	Parent Present (Y or N)
(01) Babies Can't Wait Notification			
(02) Parent Consent to Evaluation			
(03) Initial Evaluation (Psychological Date)			
(04) Initial Eligibility Determination			
(05) Initial IEP Meeting			
(06) Initial IEP Placement (Implementation Date)/ Transition Service Begin (From Babies Can't Wait)			
(07) IEP Annual Review			
(08) Re-Eligibility Determination (New Eligibility Date)			
(09) Special Education Exit (only when staffed out)			