

**WEBSTER COUNTY SCHOOLS**  
**SPECIAL EDUCATION SERVICES**  
**MSIS/SEAS ROLL ADD/UPDATE /DROP FORM**

\_\_\_\_\_ ADD                      \_\_\_\_\_ DROP                      \_\_\_\_\_ UPDATE CHANGE

TODAY'S DATE: \_\_\_\_\_

DATE OF CHANGE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

TEACHER: \_\_\_\_\_

NAME, FIRST MIDDLE LAST: \_\_\_\_\_

MSIS #: \_\_\_\_\_

SS #: \_\_\_\_\_

DOB: \_\_\_\_\_

RACE: \_\_\_\_\_

SEX: \_\_\_\_\_

GRADE: \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_

TST REFERRAL DATE: \_\_\_\_\_

LSC REFERRAL DATE: \_\_\_\_\_

DATE OF PARENTAL CONSENT TO TEST: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

ELIGIBILITY DATE: \_\_\_\_\_

ELIGIBILITY: \_\_\_\_\_

SUB-CATEGORY: \_\_\_\_\_

RELATED SERVICES: \_\_\_\_\_

DATE OF PERMISSION TO SERVE: \_\_\_\_\_

IEP DATE: \_\_\_\_\_

\_\_\_\_\_ RESOURCE                      \_\_\_\_\_ SELF CONTAINED

SIGNIFICANT COGNITIVE DISABILITY: \_\_\_\_\_ YES                      \_\_\_\_\_ NO

**For office use only: Information recorded**

SEAS:                      DATE                      INITIALS

MSIS:                      \_\_\_\_\_                      \_\_\_\_\_

CHILD FIND:                      \_\_\_\_\_                      \_\_\_\_\_

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_