

Children birth to age 3 years only

MARSS SPECIAL EDUCATION STUDENT INFORMATION

At the time of referral complete this form to obtain the MARSS ID# and to provide the MARSS Coordinator with the demographic information and status start date of the first record. Complete the information in Section 1 make 2 copies and give one copy to your building MARSS Coordinator

SECTION 1

NAME: _____ MARSS# _____

GRADE: EC BIRTHDATE: _____ GENDER: M F IEPMANAGER: _____

RESIDENTDISTRICT: _____ SERVINGDISTRICT: _____

PARENTSNAME: _____

ADDRESS: _____

Phone Number: _____ Ethnicity: _____

EVALUATION STATUS CODE FOR FIRST RECORD: 2 STATUS

START DATE OF FIRST RECORD: _____

For infants and toddlers (age 2 or younger at the time of referral) the STATUS START DATE is the date of receipt of consent.

After evaluation, complete the information in Section 2 and give the second copy to your MARSS Coordinator

SECTION 2

STATUS END DATE OF FIRST RECORD: _____

The STATUS END DATE for the first record is the date the results are shared with the parent or attempts to contact unsuccessful.

- Child evaluated and found not eligible: STATUS END CODE: 25
 Attempts to contact parent unsuccessful: STATUS END CODE: 34

TOTAL HOURS SPENT EVALUATING THIS STUDENT: _____

PRIMARY DISABILITY CLASSIFICATION: _____

FEDERAL CHILD COUNT SETTING: _____

SPECIAL EDUCATION EVALUATION STATUS: _____

Code 4: Eligible-Receiving special education services

Code 5: Eligible-Parents refused services

Code 6: Eligible-Receiving services and receiving services through a public agency

Code 9: Eligible-Receiving indirect services only

STATUS START DATE FOR CODES 4, 6, & 9: _____ For new evaluations there will likely be a gap between the Status End Date for evaluation and the Status Start Date for service