

Staff Completing Form: _____ DATE COMPLETED: _____

HASTINGS PUBLIC SCHOOLS

Change of Status Form

(Only complete **all** sections that apply)

Student's Legal Name: _____ Birth Date: _____

School Attending: _____ **Grade**: _____

Non-Public: _____ YES MIP's Form: _____ YES Ward of the State or Court: _____ YES

Extended Year Services: _____ YES Transportation: _____ YES

Has a surrogate parent been appointed: _____ YES If **no** surrogate parent has been appointed for this student: _____ Surrogate not needed, parent/foster parent involved or

Other, specify _____

Date the student was **initially** verified in any District in Nebraska according to Nebraska 92 NAC 51: _____

Initial primary disability of student: _____

Current verification date: _____ **Current Primary Handicap**: _____

Students that move into the district must have their MDT reviewed by the school psychologist or Speech Pathologist to make sure they qualify according to Nebraska 92 NAC 51.

If the student is verified: **Visually Impaired** select items from the following lists:

- _____ Blind
- _____ Legally Blind
- _____ Partially Sighted

Student receives Early Intervention, Early Childhood Special Education, Special Education and Related Services from: _____ Resident School District _____ Another School District
_____ Other Provider (Such as ESU #9, Iowa School of the Deaf, etc.)

Staff providing special education services: _____

(Over)

Check all code(s) that apply to the Special Education and related services the child is currently receiving:

- PT Services OT Services School Counseling
- Speech-Language Therapy Specialized Instruction (Resource or ECE SPED)
- School Nursing Services

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**If student is no longer receiving Special Education Services, check the following reason:**

**Part C – Ages Birth through 2 or early interventions services:**

- |                                                                                          |                                                                         |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Completion of the IFSP prior to reaching maximum age for Part C |                                                                         |
| <input type="checkbox"/> Not eligible for Part B, exit to other program                  | <input type="checkbox"/> Not eligible for Part B, exit with no referral |
| <input type="checkbox"/> Part B eligibility not determined                               | <input type="checkbox"/> Deceased                                       |
| <input type="checkbox"/> Moved out of district                                           | <input type="checkbox"/> Withdrawn by parent                            |
| <input type="checkbox"/> Attempts to contact parents unsuccessful                        | <input type="checkbox"/> Moved out of State                             |
| <input type="checkbox"/> Transferred to another District within Nebraska                 |                                                                         |

**Part B – Ages 3 through 21**

- |                                                                                              |                                                                  |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Returned to full-time regular education program                     | <input type="checkbox"/> Graduated                               |
| <input type="checkbox"/> Deceased                                                            | <input type="checkbox"/> Reached maximum age                     |
| <input type="checkbox"/> Expulsion (HPS should still provide SPED services)                  | <input type="checkbox"/> Dropped out                             |
| <input type="checkbox"/> Moved out of State ( <u>Written Release of Information signed</u> ) | <input type="checkbox"/> Moved to another school within Nebraska |
|                                                                                              | <input type="checkbox"/> Entering Kindergarten                   |
|                                                                                              | <input type="checkbox"/> Withdrawn by parent                     |

**Enter the date the student exited Special Education or the Hastings Public School District:** \_\_\_\_\_

**Return completed form to Student Services Office – Administration Building**