

ISBE FACTS Summary – Early Childhood (Students 3-6 receiving Special Education Services)

When student turns 6, Codes must change – Use Yellow conference Summary Form

Date of Meeting:

Gender: M F

Last Name:

Ethnicity: (see code page in purple folder)

First Name:

11 12 13 14 15 16 17

Middle Name:

Foster Child: YES NO

Date of Birth:

Grade/Program:

Eligibility: 1.

2.

Add date: _____ Drop Date: _____ Next Re-eval. Due Date: _____

Resident District:

Serving District:

Building:

Case Manager: _____

(Check each Service provided)

Early Childhood Environments

Center-Based Child Care: minutes per week _____	Regular Education	Special Education
Classroom	MPW:	MPW:
Speech/Language		
Occupational Therapy		
Physical Therapy		
Adapted P.E.		
Aide-Classroom	N/A	N/A
Aide-Individual	N/A	N/A
Other		
Total Minutes per Environment		

Extended School Year:

YES NO

Instructional:

Speech/Language:

OT:

PT:

Other:

____ Please check if transportation is a related service on IEP (See back for code explanation/formula for determination of minutes) **CODE: (circle one) 30 31 32 33 23 24 25 26 27**

To figure percent of total Special Education Minutes

Total Special Education Minutes per week = _____. Total Instructional minutes per week = _____.
Special Education minutes per week ÷ instructional minutes per week = _____ x 100 = _____ percent.

Added into FACTS ____/____/____ Added to classlist ____/____/____