

ISBE FACTS SUMMARY SHEET

☐ 3 year Re-evaluation
 ☐ Annual Review
 ☐ IEP with Changes
 ☐ IEP Amendment

Date of Meeting:	Date New Student Enrolled in District:	Date Dropped From District:
Last Name:	First Name:	Middle Name:
DOB:	Gender:	Grade:
Resident District:	Serving District:	Building:

Most Recent Reevaluation Date:	Next Reevaluation Date:
Foster Child: YES NO	DLM Assessment: YES NO

Eligibility:	Eligibility:
1.	2.
Case Manager:	

SPECIAL EDUCATION MINUTES PER WEEK	See Back <input type="checkbox"/>
Services Initiation Date:	Services Duration Date:

RECORD MPW FOR ALL THAT APPLY	MPW	RELATED SERVICES (check all that apply)	
Special Education Instruction in General Education			
Special Education Instruction in Special Education		<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> Phys Therapy-19
Speech		<input type="checkbox"/> Adaptive P.E.-01	<input type="checkbox"/> Speech/Lang.-23
Occupational Therapy		<input type="checkbox"/> Classroom Aide-02	<input type="checkbox"/> Social Work-24
Physical Therapy		<input type="checkbox"/> Individ. Aide-03	<input type="checkbox"/> Transportation -25
Adaptive P.E.		<input type="checkbox"/> Audiology-05	<input type="checkbox"/> Transition/STEP-27
Counseling		<input type="checkbox"/> Counseling-07	<input type="checkbox"/> Behav. Plan-28
Other		<input type="checkbox"/> HILIA Consult-08	<input type="checkbox"/> Other
Total Special Education Minutes		<input type="checkbox"/> OT-13	<input type="checkbox"/>
% of Time in General Education		<input type="checkbox"/> Psych Serv-18	<input type="checkbox"/>
% of Time total Special Education			

EDUCATIONAL ENVIRONMENT CODE: 01 02 03 04 05 11 (see code on reverse side)
--

EXTENDED SCHOOL YEAR - DATES/NUMBER OF SESSIONS: _____	
MINS PER WEEK/# OF SESSIONS	MINS PER WEEK/# OF SESSIONS
Instructional: /	Speech/Language: /
OT: /	PT: /
Other: /	Other: /

DESCRIPTION OF EDUCATION ENVIRONMENT (EE) CODES (6-21)

Code 01: Inside the General Education classroom 80% or more during the day

Code 02: Inside the General Education classroom 40% to 79% of the day.

Code 03: Inside General Education classroom less than 40% of the day.

Code 04: Special Education for 100% of student's day in a separate public day school or non-public day school.

Code 05: Special Education for 100% of student's day in a separate public day school or non-public day school in conjunction with a student's placement in a residential facility.

Code 11: Homebound Instruction Program

SPECIAL EDUCATION MINUTES PER WEEK			
Services Initiation Date:		Services Duration Date:	
RECORD MPW FOR ALL THAT APPLY	MPW	RELATED SERVICES (check all that apply)	
Special Education Instruction in General Education			
Special Education Instruction in Special Education		<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> Phys Therapy-19
Speech		<input type="checkbox"/> Adaptive P.E.-01	<input type="checkbox"/> Speech/Lang.-23
Occupational Therapy		<input type="checkbox"/> Classroom Aide-02	<input type="checkbox"/> Social Work-24
Physical Therapy		<input type="checkbox"/> Indiv. Aide-03	<input type="checkbox"/> Transportation -25
Adaptive P.E.		<input type="checkbox"/> Audiology-05	<input type="checkbox"/> Transition/STEP-27
Counseling		<input type="checkbox"/> Counseling-07	<input type="checkbox"/> Behav. Plan-28
Other		<input type="checkbox"/> HILIA Consult-08	<input type="checkbox"/> Other
Total Special Education Minutes		<input type="checkbox"/> OT-13	<input type="checkbox"/>
% of Time in General Education		<input type="checkbox"/> Psych Serv-18	<input type="checkbox"/>
% of Time total Special Education			
EDUCATIONAL ENVIRONMENT CODE: 01 02 03 04 05 11 (see code on reverse side)			

Form revised at LCSSU February 2018