

Parent/Guardian Email:	Parent/Guardian Phone#:
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Student Name: _____

Student ID#: _____

This student currently has an Individualized Education Program (IEP) (check one): **YES** **NO***

If the student currently has an IEP or is in the special education evaluation process, please complete the next section of this application. Families submitting this application should work with their child’s IEP team to provide the information requested.

Individualized Education Program Information

Date of Most Recent IEP:		
Status of Current IEP (check one):	DRAFT	FINAL
Participation in Alternate Assessment:	YES	NO
Current Classification (check one):	Intellectual Disability Multiple Disabilities Other Health Impairment Other: _____	
Current Special Education Program Recommendation: (select all that apply from either Preschool or School-age)		
<u>Preschool</u>	Special Class Special Class in an Integrated Setting Special Education Itinerant Teacher (SEIT)	
OR		
<u>School-aged (K-12)</u>	Non-specialized (District 1-32) Specialized (District 75) Non-public School (NPS)	Integrated Co-Teaching Special Class Special Education Teacher Support Services (SETSS)
Current Special Education Recommended Related Services: (select all that apply)		
	Speech Therapy Occupational Therapy Physical Therapy	Counseling Paraprofessional Other: _____

Student Name: _____

Student ID#: _____

Psychoeducational Assessment Information

At minimum, prospective students for the ACES Program must have assessments completed within the past three years, in the areas of cognition, academics/achievement, and adaptive behavior. All assessments must have been completed prior to submission of the ACES Application. The school or CSE Team must ensure that the required assessments are completed for this application. Incomplete information may result in delays to the ACES eligibility process.

Assessment Type	Name of Assessment	Administration Date (mm/dd/yy)	Std. Score / Percentile
Cognitive/IQ (e.g. WPPSI, WISC, DAS, SB)			Verbal
			Non-Verbal
			FSIQ
Academic/Achievement			Reading
			Math
Adaptive Behavior Scale (e.g. VABS-II, ABAS)			Communication
			Daily Living Skills
			Socialization
			Composite
Other: _____ (e.g. GARS, Conners)			

Additional Information – Please include any additional, relevant information