



IROQUOIS SPECIAL EDUCATION ASSOCIATION

106 EAST FRONT STREET • GILMAN • ILLINOIS • 60938
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ENTRANCE REPORT

Legal Name of Student: (First, Middle, Last Name)		Date of Birth:	
Name of Parent/Guardian:		Gender: Male Female (circle)	
Relationship to Student:		School Last Attended:	
Home Address:		Case Manager:	School:
City:	Zip:		
Home Telephone:		Grade:	Entrance Date into Classroom:
Cell Phone:			
Work Telephone:			
Is This Student a Foster Student? YES NO (circle)			
Ethnicity:		New Eligibility: Y N (circle)	

PROGRAM AND RELATED SERVICES

Date of Latest IEP:	Pull-Out Spec. Ed. Minutes Per Week:
Date of Latest MDC:	Push-In Spec. Ed. Minutes Per Week:
Primary Disability: Secondary Disability:	% Time Inside Reg. Ed. % Special Ed.
List all related services student receives:	Number of minutes per week (monthly, etc.) (as indicated on IEP for related services.)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

**** PLEASE BE SURE TO SEND COPIES OF PREVIOUS TESTING & IEP'S FOR ALL MOVE-IN STUDENTS.**

_____ **Case Manager Signature**

_____ **Date**