



HOLY CROSS CATHOLIC SECONDARY SCHOOL



IEP / IDENTIFICATION INFORMATION

TO BE COMPLETED BY SPECIAL EDUCATION DEPARTMENT AT FORMER SCHOOL

STUDENT NAME:

Is IEP being implemented for this student? Yes No

Is this student identified? Yes No

If identified, please check designated category from the chart below:

IDENTIFICATION	CATEGORY
COMMUNICATION	<input type="checkbox"/> Autism <input type="checkbox"/> Deaf and Hard of Hearing <input type="checkbox"/> Language Impairment <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Learning Disability
BEHAVIOUR	<input type="checkbox"/> Behaviour
INTELLECTUAL	<input type="checkbox"/> Giftedness <input type="checkbox"/> Mild Intellectual Disability <input type="checkbox"/> Developmental Disability
PHYSICAL	<input type="checkbox"/> Physical Disability <input type="checkbox"/> Blind and Low Vision
MULTIPLE	<input type="checkbox"/> Two or more exceptionalities
OTHER	<input type="checkbox"/> Student has an IEP but is not identified

Name of School: _____ Phone #: _____

Special Education Contact Person: _____ Date Completed: _____

*** PLEASE ATTACH A COPY OF THE IEP TO THIS FORM.**