Sample Information Sharing Document

Information about the student should be shared in the context of content that is important for decisions about educational placement and services.

Student Name:			DOB:	DOB:			
SASID:							
Reporting Agency:			Contact:				
Current Educational Setti	ng:						
Student has been attending: Day Treat			ment	Residential Hospital	Other		
Number of students in classes:				, , , , , , , , , , , , , , , , , , , ,			
Student teacher ratio:							
		Yes	No				
Paraprofessional support:		If yes, des			_		
		I ii yes, ues	CIIDE.				
Discharge information:							
Planned discharge:	Yes		No				
Successful completion of	Yes		No				
treatment program:							
Will the student's	Yes		No				
residential placement be							
changing as well as the							
educational placement?							
	If yes, des	scribe:					
Recommendations for							
services after discharge:							
Academic Functioning:							
Grade placement							
Assessments in the prior							
twelve (12) months							
Performance level (math,							
reading, writing)							
Instructional strategies							
that are effective for the							
student							
Academic							
strengths/limitations							
Extra-curricular activities							
Current course enrollment							
or attach schedule:							
Attach transcripts, report							
cards, etc.							

Attach copy of current

IEP, 504 plan or Rtl plan if						
applicable						
Safety Information:						
Describe the observable behavior	or					
which caused the student to be						
identified as at risk to self or						
community:						
Timeframe:						
Frequency and Duration:						
Strategies recommended:						
Legal limitations (i.e. conditions (probation):						
Safety issues related to transportation:						
Safety issues related to commun	nity or					
extra-curricular activities:						
Behavior Supports Needed:						
Recommended strategies:						
Level of support needed for succ						
Effective environmental strategie						
Events or situations that tend to	trigger					
unsafe behavior:						
Level of participation/engagement	nt in					
treatment of student and family:						
required release)	ant to the educa	tional needs of the stud	dent and with a signed HIPAA or other			
Medicaid Status:						
Individual with medical decision authority:	making					
Phone:						
Address:						
e-mail:						
Relevant physical and mental he information:	alth					
General health status:						
Diagnosis						
Medications:						
Allergies:						
Health care plan:						
Mental health assessments:						
Follow up services:						
i oliow up ocivioco.						