**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:** |
| **SASID:** |  |
| **Reporting Agency:** | **Contact:** |

**Current Educational Setting:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Student has been attending: | DT |  | Residential |  | Hospital |  | Other |
| Number of students in classes: |  |
| Student teacher ratio: |  |
| Para support: |  | yes |  | no |  |
|  |  | If yes, describe: |

**Discharge information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Planned discharge: |  | yes | no |
| Successful completion of treatment program: |  | yes | no |
| Will the student’s residential placement be changing as well as the educational placement? |  | Yes | no |
|  |  | If yes, describe: |
| 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 RtI plan if applicable  |  |

**Safety Information:**

|  |  |
| --- | --- |
| Describe the observable behavior 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 of probation): |  |
| Safety issues related to transportation: |  |
| Safety issues related to community or extra-curricular activities: |  |

**Behavior Supports Needed:**

|  |  |
| --- | --- |
| Recommended strategies: |  |
| Level of support needed for success: |  |
| Effective environmental strategies: |  |
| Events or situations that tend to trigger unsafe behavior: |  |
| Level of participation/engagement in treatment of student and family: |  |

**Medical Information:** (as relevant to the educational needs of the student and will a signed HIPAA or other required release)

|  |  |
| --- | --- |
| Medicaid Status: |  |
| Individual with medical decision making authority: |  |
| Phone: |  |
| Address: |  |
| e-mail: |  |
| Relevant physical and mental health information: |  |
| General health status: |  |
| Diagnosis |  |
| Medications: |  |
| Allergies: |  |
| Health care plan: |  |
| Mental health assessments: |  |
| Follow up services: |  |