

Student ADD Sheet

School Name: _____

Case Manager: _____

Student Name: _____

GTID #: _____

DOB: _____ Grade: _____

Area(s) of Exceptionality: _____

If Area of Exceptionality is SLD, please check all that apply:

<input type="checkbox"/>	Oral Expression	<input type="checkbox"/>	Basic Reading Skills
<input type="checkbox"/>	Listening Comprehension	<input type="checkbox"/>	Reading Comprehension
<input type="checkbox"/>	Written Expression	<input type="checkbox"/>	Math Calculation
<input type="checkbox"/>	Reading Fluency Skills	<input type="checkbox"/>	Math Problem Solving

If Area of Exceptionality is Autism, TBI, or SDD the area through which the student is served is _____

If Area of Exceptionality is OHI, list the impairment(s) _____

Eligibility Date: _____ Entry Date: _____ Annual Review Date: _____

_____ Student is Consultative Only

Segment #	Monday				Tuesday				Wednesday				Thursday				Friday			
	Hrs: Mins	Regular Ed. Location	Special Ed. Location	Inclusion Code #	Hrs: Mins	Regular Ed. Location	Special Ed. Location	Inclusion Code #	Hrs: Mins	Regular Ed. Location	Special Ed. Location	Inclusion Code #	Hrs: Mins	Regular Ed. Location	Special Ed. Location	Inclusion Code #	Hrs: Mins	Regular Ed. Location	Special Ed. Location	Inclusion Code #
1																				
2																				
3																				
4																				
5																				
6																				
7																				

Special Education Location code = 8

<p style="text-align: center;">Inclusion Codes <i>(Sped Services in a regular classroom)</i></p> <p>4= Paraprofessional 7= Other, such as mobility aide 5= Interpreter 9= Collaborative or Co-Teach</p>	<p>If Inclusion code 9 is entered, Hrs:Mins. And location MUST be filled in for that segment. For all other inclusion codes, Hrs:Mins should be left blank</p>
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Related Services	Total Hrs: Min Per week	Related Services	Total Hrs: Min Per week	Related Services	Total Hrs: Min Per week
AP- Adapted PE		OT Occupational Therapy		SH- School Health	
OM Orientation & Mobility		PT Physical Therapy		TS Transportation Special	

Student information verified through SIS: _____ Student Information entered in IC _____

