Phone: 601-359-3498 Fax: 601-359-2198

Indicator 12 Student Information Form

Student MSIS ID:			
Student Name:			
☐ Incorrect da	ate(s) in MSIS (Provide correct dates	below and attach copy of documents with correct date)	
Student tra	nsferred districts during evaluation (or evaluation was completed by another district	
☐ Parent repe	eatedly failed to produce child for ev	valuation (Attach dates of contact/attempt or enter below)	
☐ Mutual Writ	tten Agreement to extend deadline	for SLD evaluation (Attach copy of agreement)	
Child met o	one of the removal criteria (Please sel	lect one):	
☐ Parent	t Refused Services	☐ No permission to test	
Service Discontinued		Parent did not show up	
── Not Eligible (Provide date below)		Student is deceased	
Parent wants to delay to later SY		☐ Enrolled in University based program	
Moved out of state		Unknown to district and First Steps	
	t did not respond	_	
☐ Timeline m	issed for other reasons (Provide expl	lanation below)	
Date of Birth:			
Parental Consent to E	valuate Date:		
Eligibility Determinat	cion Date:		
IEP Date:			
Comments:			