

# Teacher Roster Change Form

This form is required to be submitted to the Department of Special Education Services within 7 days of any change in enrollment.

Required attachments for new students to be sent with this form are as follows: Completed Transfer Form, Copy of IEP and IEP Addendums, Eligibility Minutes, Psychological Reports; Educational Testing, Physical/Medical Information; and any Sociocultural information.

Teacher: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Removed From Roster:

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Reason for Removal:

\_\_\_\_ Moved outside of the city Date Moved: \_\_\_\_\_  
\_\_\_\_ Moved to another school within the system Date Moved: \_\_\_\_\_  
\_\_\_\_ Dropped out of school Date Dropped: \_\_\_\_\_  
\_\_\_\_ Declared not eligible Date of Eligibility: \_\_\_\_\_  
\_\_\_\_ Parent signed taking child of Special Education Date Removed: \_\_\_\_\_  
\_\_\_\_ Other: \_\_\_\_\_

## Student Placed on Roster (Please complete all section):

Enrollment Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian/Surrogate Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Eligibility: \_\_\_\_\_ Date of IEP: \_\_\_\_\_ Disability: \_\_\_\_\_

% of time in regular class: \_\_\_\_\_ Percent of time in special education class: \_\_\_\_\_

Name and Address of Last School Attended (if out of the city): \_\_\_\_\_  
\_\_\_\_\_

## Student Information Needing Correction:

Student's Name: \_\_\_\_\_

Correction: \_\_\_\_\_