

NORTHWEST OHIO EDUCATIONAL SERVICE CENTER
Please complete and EMAIL to NwoESC Special Ed. Office Specialist as soon as there is a change
SCHOOL-AGE STUDENT PLACEMENT FORM - 2021-22 School Year

Legal First Name Legal Middle Name Legal Last Name Student ID#

- First Time Entry** **Service Change**
 Exiting **Transferring Districts**

Current Grade: _____ Gender _____ DOB _____

Parents or Guardian Name _____ Telephone _____

Address _____ City, State, Zip _____

District of Residence _____ District of Attendance _____

Building of Attendance _____ Teacher Name _____

ADDITIONAL INFORMATION

- Scholarship Open Enrollment Foster Placed

OPEN ENROLLED ONLY: District of Residence _____

FOSTER PLACED ONLY: Responsible District of Residence _____

Related Services on IEP: (Speech, OT, PT, Vision, Hearing, Audiological)

Related Service: Type _____ Provider _____
 Related Service: Type _____ Provider _____
 Related Service: Type _____ Provider _____
 Related Service: Type _____ Provider _____

2. Service Change Date: _____ (Teacher, Speech, OT, PT, Vision, Hearing, Audiological)

Related Service Added: Type _____ Provider _____
 Related Service Added: Type _____ Provider _____
 Related Service Removed: Type _____ Provider _____
 Related Service Removed: Type _____ Provider _____

*Placement Change (Teacher or District of Service) From _____ To _____

*Changed District of Residence From _____ To _____

*Other Change _____

3. EXIT Date: _____

- Withdrawing Moved
 Graduated Exiting Special Education
 Other

*Notes _____

Completed By _____ Date _____

**You must attach IEP or specific IEP page of change and EMIS form for any new entry or
 change NwoESC Special Education Department Office**