

SURFACE CREEK VISION RELATIONSHIP INFORMATION

Level of participation: ___ Full-time (360+ hrs/semester) ___ Part-time "Home-Based" (90+ outside hrs/semester)
 ___ Kindergarten (90+hrs/semester)

Name of Resource Consultant if known: _____

COLORADO STATE DEMOGRAPHIC INFORMATION

The following information is required by the State of Colorado for all students enrolled in the public school system. Therefore, Surface Creek Vision HCP will be providing this information to the Delta County School District, and the State of Colorado.

Date of Birth (MM/DD/YY): _____ (A copy of birth certificate for new learner must be provided)

Gender: Male: _____ Female: _____

Federal Ethnicity and Race:

Ethnicity _____ Is the student Hispanic or Latino? () Yes () No

What is the student's race? _____

Race _____ *Please check box to the right of accurate race*

	(W) White		(B) Black or African American		(A) Asian
	(I) American Indian or Alaska Native		(P) Native Hawaiian/ Other Pac Islander		

Does the Learner have a current IEP (Individualized Education Plan) on file with the Special Services Office for the Delta County School District? *Yes: _____ No: _____

*If yes, from what school? _____

Does the Learner have a physical handicap? *Yes: _____ No: _____

*If yes, please describe: _____

ENROLLMENT HISTORY

Where has the Learner been educated since **September 1, 2007**?

Please list separately each school attended since 2007.

Name/Location of School	Public/Private/Home School?	From	To
		2007	2008
		2008	2009
		2009	2010

*Please remember, Vision is **not** considered "homeschooling" by the State. If the Learner was enrolled in any Vision program, it must be listed as a public school. If the Learner was schooled at home, but not enrolled in Vision, "Home school" can be listed.

