Student Data Billing Form

Meeting held was an:

Today's Date: _____

☐ Annual Review _____
Date

☐ Eligibility Mtg _____
Date

<u>Check all that apply</u>
☐ Add student
☐ Drop student
☐ Change info <u>mins</u> <u>service</u> <u>district</u>
☐ No change

STUDENT NAME: _____   DATE OF BIRTH ____/____/____   SEX _____

ADDRESS: _____   TOWN: _____   ZIP: _____

RESIDENT DISTRICT: _____   SERVING DISTRICT: _____

RELATED SERVICE

Minutes on this form must match <u>exactly</u> with the <u>total minutes</u> documented on the student's IEP.

	Minutes		Schedule	Effective Dates	
	Direct	Consult			
20 Voc	_____	_____	___ wk ___ mos ___ qrt ___ sem ___ yr	Begin date _____	End date _____
30 DHH	_____	_____	___ wk ___ mos ___ qrt ___ sem ___ yr	Begin date _____	End date _____
35 Vision	_____	_____	___ wk ___ mos ___ qrt ___ sem ___ yr	Begin date _____	End date _____
40 OT	_____	_____	___ wk ___ mos ___ qrt ___ sem ___ yr	Begin date _____	End date _____
45 PT	_____	_____	___ wk ___ mos ___ qrt ___ sem ___ yr	Begin date _____	End date _____
50 APE	_____	_____	___ wk ___ mos ___ qrt ___ sem ___ yr	Begin date _____	End date _____
52 SLP	_____	_____	___ wk ___ mos ___ qrt ___ sem ___ yr	Begin date _____	End date _____

☐ EVALUATION ONLY; Does not qualify for services _____
(type of evaluation)

Person completing form: _____   **District Director initials**: _____