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**Georgia Network for Educational and Therapeutic Support**

**Confidential**

**Student Information Packet**

Please review the Guiding Questions for Consideration of GNETS Services as well as the GNETS Services Flow Chart to assist in appropriate educational planning for the student.

**Please keep this coversheet on top of packet for confidentiality purposes.**

**Student Information Packet**

**Student Demographic Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student First/Last Name | GTID | | | Date Submitted |
| DOB | Race | Gender | | DOB |
| System | School Attending | | | Home School |
| Physical Address: | | City | | GA Zip |
| Mailing Address (If Different): | | City | | GA Zip |
| Guardian Name | Guardian Email | | | |
| Guardian Cell | Guardian Work Phone | | Guardian Home | |

**What Services would you like for the GNETS program to provide?**

|  |
| --- |
|  |

**Student Current IEP Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Disability | Secondary Disability | Annual Review  Expiration Date | Eligibility  Expiration Date |
| The following documents are provided/attached to support the severity of the duration, frequency and intensity of one or more of the characteristics of the disability category of emotional and behavior disorders as indicated:   * An inability to learn that cannot be explained by intellectual, sensory, or health factors * An inability to build or maintain satisfactory interpersonal relationships with peers and teachers * Inappropriate types of behavior or feelings under normal circumstances * A general pervasive mood of unhappiness or depression * A tendency to develop physical symptoms or fears associated with personal or school problems | | | |
| Documents Provided   * Current IEP * Current Eligibility * Psychological Evaluation within 3 years * Functional Behavior Assessment * Behavior Intervention Plan * Progress Monitoring Data on BIP implementation * Other (List): | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **System of Care / Interagency Providers involved with student - Please list agency, contact, and contact phone number (ie. Mental Health, DFCS, DJJ, Private Providers, Etc.** | | | |
| Provider | Contact | | Contact Phone |
|  |  | |  |
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|  |  | |  |
| **Current Medical and/or Psychiatric Diagnosis** (please list diagnosis and physician’s name/date) | | | |
| Current Medications | | Medications student has been on in past (if any) | |
| Has the student ever received GNETS Services in the past? If so, please list dates: | | Has this student ever been retained? Y N  If so, list grades/dates retained: | |
| Please list other additional relevant information: | | Type of transportation services needed: | |

**Full Continuum of Special Education Services Offered:**

*GNETS is the most restrictive placement before a student would be either placed in a residential setting or placed on homebound. Please list all of the less restrictive interventions tried and list the dates of these services. It is important that the full continuum of special education services has been offered to this student:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Services** | **Number of Segments** | **Date of Placement** | **Date Terminated** |
| Consultation |  |  |  |
| Regular Ed Classroom |  |  |  |
| Inclusion classroom |  |  |  |
| SPED Resource or Pull-outs Part Day |  |  |  |
| SPED Classroom -Full Day |  |  |  |
| GNETS Consultative Services |  |  |  |
| GNETS Direct Services |  |  |  |
| GNETS Part Day |  |  |  |
| GNETS Full Day |  |  |  |
| Homebound Instruction |  |  |  |
| Residential School or Program |  |  |  |

**Student Functional Behavior Assessment and Behavior Intervention Plan**

|  |  |
| --- | --- |
| Functional Behavior Assessment Date: | Target Behaviors: |
| Behavior Intervention Plan Date/Review Dates: | Interventions: |

|  |
| --- |
| **Suspensions: Please list dates and reasons student was suspended this school year:**  *Example: 8/2/16, 3 day suspension, assaulting teacher* |
| Emergency Physical Restraint: Please list dates and reasons student was physically restrained this school year if any: |
| Please list the number of office disciplinary reports and attach to this packet. |

**Disciplinary and Restraint Data**

**Academic Supports**

|  |  |  |
| --- | --- | --- |
| **Current Evidenced-Based Academic Interventions** | **How Often** | **Site/Login /Password for Web-based interventions that we can continue** |
|  |  |  |
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**Please attach the following documents when you submit this information packet:**

* Current IEP
* Current psychological evaluation (must be within 3 years)
* Current Eligibility Report
* Current Functional Behavior Assessment and Behavior Intervention Plan
* Comprehensive Social History
* BASC-3 and Strengths Difficulties Questionnaire
* Students with Autism: Vineland, ABAS, Basc-3

**Please be sure to refer to the GNETS Flow Chart and Guiding Questions**

**before submitting this Student Information Packet.**

|  |  |
| --- | --- |
|  | Print name |
| Referring Teacher |  |
| Referring Principal (or Designee) |  |
| Special Education Director (or Designee) |  |

**Please email, mail or fax the student info pack with all documents to:**