

**Mississippi Department of Human Services/Division of Youth Services  
Telephone Verification of Special Education Status**

*This form is used to document information obtained by telephone (or other source) confirming a student's special education service status. This form will be completed for ALL students entering MDHS/DYS facilities if educational records do not accompany the student when he/she is admitted. This form is completed within 48 hours of the student's admission to the MDHS/DYS facility.*

*If the student is eligible for special education services, the completed form will permit placement into special education until an IEP team meeting is held and/or complete records are received from the sending educational agency.*

**Date:** \_\_\_\_\_

<b>MDHS/DYS Facility:</b>	<b>Oakley Training School – Williams School</b>		
<b>Student Name:</b>		<b>Date of Birth:</b>	
<b>Date of Admission to MDHS/DYS Facility:</b>			

<b>School District/Agency Contacted:</b>			
<b>Contact Person:</b>		<b>Phone #:</b>	<b>Fax #:</b>

<b>Student's Primary Disability:</b>	
<b>Date of Assessment Team Report</b>	
<b>Date of Notice of Special Consideration:</b>	
<b>Student's Secondary Disability:</b>	
<b>Date of Assessment Team Report:</b>	
<b>Date of Notice of Special Consideration:</b>	
<b>Does the student have and IEP?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date of most current IEP:</b>	
<b>Special Education Segments per day:</b>	
<b>Subjects provided by Special Education teacher:</b>	
<b>Related Services provided to student:</b>	
<b>Does the student have a Section 504 Plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the student have a MTSS/TST Plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Date Records Requested:</b>	
<b>Information obtained from (Indicate Name &amp; Title):</b>	