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: ____________________________

<table>
<thead>
<tr>
<th>MDHS/DYS Facility:</th>
<th>Oakley Training School – Williams School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td>Date of Birth:</td>
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<tr>
<td></td>
<td>Date of Admission to MDHS/DYS Facility:</td>
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</tbody>
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School District/Agency Contacted: ____________________________

Contact Person: ____________________________ Phone #: ____________________________ Fax #: ____________________________

Student’s Primary Disability: ____________________________

Date of Assessment Team Report: ____________________________

Date of Notice of Special Consideration: ____________________________

Student’s Secondary Disability: ____________________________

Date of Assessment Team Report: ____________________________

Date of Notice of Special Consideration: ____________________________

Does the student have and IEP? □ Yes □ No

Date of most current IEP: ____________________________

Special Education Segments per day: ____________________________

Subjects provided by Special Education teacher: ____________________________

Related Services provided to student: ____________________________

Does the student have a Section 504 Plan? □ Yes □ No

Does the student have a MTSS/TST Plan? □ Yes □ No

Date Records Requested: ____________________________

Information obtained from (Indicate Name & Title): ____________________________

02/01/17 Special Education: Organization of Educational Records Policy XII.3.E