

**Mississippi Department of Human Services/Division of Youth Services
PUPIL PERSONAL DATA SHEET**

All applicable information must be completed on the Pupil Personal Data Sheet. All Information on this form and attachments are confidential documents.

Name:	Age:	Gender:	Grade/Academic Placement:	Race:	DOB:
Parent or Guardian:	Phone Number:	Address:			

**Report of Screening Team
Review of information indicated eligibility for:**

- Emotional Disability (EMD)**
- Intellectual Disability (ID)**
- Specific Learning Disabled (SLD) in the categories of**
 - Basic Reading Skills (BRS)
 - Reading Comprehension (RC)
 - Reading Fluency (RF)
 - Math Problem Solving (MPS)
 - Written Expression (WE)
 - Oral Expression (OE)
 - Listening Comprehension (LC)
 - Math Calculation (MC)
- Language Speech in the categories of**
 - Articulation (artic)
 - Language (LI)
 - Voice (voice)
 - Fluency (FL)
- Other Health Impairment (OHI) (must list subcategory) _____**
- Traumatic Brain Injury**
- Visually Impaired**
- Autism**
- Deaf/Blind**
- Hearing Impaired**
- Developmentally Delayed**
- Multiple Disabilities (must list 2 or more categories) _____**
- Other**

I have received Written Prior Notice for _____ and a copy of Procedural Safeguards. I understand Procedural Safeguards and I have given my consent for having my child tested to decide on appropriate educational methods and placement for him/her.

Date: _____ Signature of Parent: _____