

School Information
Cover Sheet

Student: _____ DOB: _____

School/Location: _____

Grade: _____

Teacher: _____ IEP Holder: _____

Days/Times Present (Preschool): _____

Parent(s) Phone Number(s): _____

Other Relevant Phone #'s: _____

Earliest Time/Off Bus: _____ PE: _____

Breakfast time: _____ Protected Time: _____

Lunch time: _____ Other Therapies: _____

Latest Time/On Bus: _____

Other helpful scheduling info(bathroom, diaper changes, cath., etc.):

Directions to location (if needed):

Other relevant information: