NCWISE Number:

**Contact Information**

1st Contact Name: Relationship:

Home Phone: Work Phone:

Address:

2nd Contact Name: Relationship:

Home Phone: Work Phone:

Address:

**Attendance**

K\_\_\_\_ 1\_\_\_\_ 2\_\_\_\_

**Reading Grades**

K\_\_\_\_ 1\_\_\_\_ 2\_\_\_\_

**Math Grades**

K\_\_\_\_ 1\_\_\_\_ 2\_\_\_\_

**LEP** \_\_\_\_ Date enrolled:

**EC** \_\_\_\_ Date enrolled: Re-evaluation Date:

**IEP** \_\_\_\_

**PEP**\_\_\_\_

**RTI** (Tier) \_\_\_\_

**Reading Benchmark Scores:**

1st 2nd 3rd 4th

**Math Benchmark Scores**

1st 2nd 3rd 4th