



Student Information Page (SIP) > Student Import Template (IL)

Student Resident District: A	<input type="text" value="Please Select"/> (0)	Programs								
Secondary Access District: CN	<input type="text"/> (0)	<input type="checkbox"/> MTSS J								
First Name: B	<input type="text"/>	BC <input type="checkbox"/> IEP Referral								
Middle Name: C	<input type="text"/>	<input type="checkbox"/> IEP H								
Last Name: D	<input type="text"/>	BG <input type="checkbox"/> ISP								
Student ID Numbers F State ID	<input type="text"/>	<input type="checkbox"/> ISP Eligible. No Plan. Last Reviewed: <input type="text"/> / <input type="text"/> / <input type="text"/>								
E District ID	<input type="text"/>	BK <input type="checkbox"/> 504 Referral								
Embrace ID Number		<input type="checkbox"/> 504 Eligible. No Plan Needed. Last Reviewed: <input type="text"/> / <input type="text"/> / <input type="text"/>								
DOB: G	<input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2023"/>	<input type="checkbox"/> 504 I								
Chronological Age:	0 years, 0 months, 0 days	CV <input type="checkbox"/> Health Plan								
Active: BB		<input type="checkbox"/> DS/Medicaid								
FA= FORCE ACTIVE	<input checked="" type="checkbox"/>	<input type="checkbox"/> SSP								
1, X, Yes = INACTIVATE		<input type="checkbox"/> Registration								
TEST:	<input type="checkbox"/>	Alternate Medicaid Name: (show/hide)								
IEP Ineligible:	<input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	Consent To Bill: BH <input checked="" type="checkbox"/>								
504 Ineligible: BR	<input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	Date Consent Was Signed: <input type="text" value="BI"/>								
BS		Upload Signed Consent: <input type="button" value="Choose File"/> No file chosen								
Revoked Consent:	<input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	Existing Files (0)								
Retained:	<input type="checkbox"/> <input type="text"/>	Show Consent History								
Gifted/Talented Status: CQ	<input type="text"/>	Medicaid Number: <input type="text" value="K"/> - <input type="text"/>								
Economic Disadvantage Status: CR	<input type="checkbox"/>	<table border="1"><thead><tr><th>Service</th><th>Start Date</th><th>End Date</th><th>NPI</th></tr></thead><tbody><tr><td colspan="4"><input type="button" value="Add / Edit Prescriptions & Referrals"/></td></tr></tbody></table>	Service	Start Date	End Date	NPI	<input type="button" value="Add / Edit Prescriptions & Referrals"/>			
Service	Start Date	End Date	NPI							
<input type="button" value="Add / Edit Prescriptions & Referrals"/>										
Migrant Status: CS	<input type="checkbox"/>	Notes: <input type="text"/>								
		Superuser Notes: <input type="text"/>								
		<input type="checkbox"/> Transfer Lock (Prevent Student District Transfer)								
		Reason(s) for Transfer Lock: <input type="text"/>								

Student Placement Information

Current Year Grade: School Year: Case Manager:

Move-in: (Note: These fields will be cleared every year on August 1st.)

Home School: OR

Private Parochial (if needed):

Serving School: Prevent SFTP from changing serving school

Student is dually enrolled:

Anticipated HS Graduation: / /

Student is On The Following Staff Lists: (0)

Next Year Grade: School Year: Case Manager:

Home School: OR

Serving School:

Student is dually enrolled:

Student Information

Gender: Ethnicity: Race:

Student's Primary Language: Severity of Disability: LEP: ELL/ESL: Not Specified (?)

Student Phone:

Address: Address Updated On: (Set To Today)

AC City, State, Zip: IL

Emergency Contact Name: Number:

Hearing/Vision

Hearing (Screening/Exam): Pass Fail

Vision (Screening/Exam): Pass Fail

Hearing/Vision (Auditory/visual problems that would interfere with testing or educational performance. Include dates and results of last hearing/vision test) (No more than 255 characters):

255 out of 255 characters remaining

CG Medical Alert

Medical Alert Information (No more than 255 characters):

255 out of 255 characters remaining

IEP Evaluation Data

L Last Evaluation/Eligibility : / /

Triennial Reeval Due Date : / /

Date of Referral / /

Initial Evaluation Consent: / /

Consent was DENIED on: / /

BJ Initial Eligibility Determination Completed: / /

Re-evaluation Consent: / /

Last Annual Review: / /

O Next Annual Review: / /

Special Education Eligibility

Primary:

Secondary:

Tertiary:

Adversely Affected Area(s): (?)

Indicator 11 - Acceptable Timeline Exceptions:

Indicator 11 - Delays Resulting in a Finding of Noncompliance:

504 Evaluation Data

Last Evaluation/Eligibility: / /

BM Initial Evaluation Consent: / /

Initial Eligibility Determination Completed: / /

BO Re-evaluation Consent: / /

Next Annual Review: / /

BQ Date of Initial 504 Plan: / /

504 Eligibility

504 Primary:

Parent Information

Parent/Guardian fields are for parents or guardians living in the child's household.
Parent/Guardian 2 fields are for non-resident parents or guardians.
Parent/Guardian 2 information does not automatically populate into forms.

Parent/Guardian: AI	<input type="text"/>	Lives With: CO	<input type="text"/>	Parent/Guardian 2: AS	<input type="text"/>
AJ Parent's Address:	<input type="text"/>			Parent's Address 2: AT	<input type="text"/>
	<input type="text"/>				<input type="text"/>
	<input type="text"/>				<input type="text"/>
	AK AL AM			AU AV AW	
Parent's City, State, Zip:	<input type="text"/>	IL	<input type="text"/>	Parent's City, State, Zip 2:	<input type="text"/>
Home Phone: AN	<input type="text"/>			Parent's Phone 2: AX	<input type="text"/>
AO Cell Phone:	<input type="text"/>			Cell Phone 2: AY	<input type="text"/>
Work Phone: AP	<input type="text"/>			Work Phone 2: AZ	<input type="text"/>
AQ Parent's Primary Language:	<input type="text"/>			Primary Language 2:	<input type="text"/>
Parent's Preferred Language:	<input type="text"/>			Preferred Language 2:	<input type="text"/>
Draft Paperwork Preference:	<input type="text"/>			Draft Paperwork Preference 2:	<input type="text"/>
Parent's E-mail: AR	<input type="text"/>			E-mail 2: BA	<input type="text"/>
