



## Student Information Page (SIP) > Student Import Template (TX)

<b>A</b>	Student Resident District:	<input type="text" value="Please Select"/> (0)	<b>Programs</b>
<b>CN</b>	Secondary Access District:	<input type="text"/> (0)	<b>J</b> <input type="checkbox"/> MTSS
<b>B</b>	First Name:	<input type="text"/>	<b>CY</b> <input type="checkbox"/> ELLA
<b>C</b>	Middle Name:	<input type="text"/>	<b>BC</b> <input type="checkbox"/> IEP Referral
<b>D</b>	Last Name:	<input type="text"/>	<b>H</b> <input type="checkbox"/> IEP
	Student ID Numbers	<b>F</b> State ID <input type="text"/>	<b>BG</b> <input type="checkbox"/> ISP
		<b>E</b> District ID <input type="text"/>	<input type="checkbox"/> ISP Eligible. No Plan. Last Reviewed: <input type="text"/> / <input type="text"/> / <input type="text"/>
		<b>DB</b> PEIMS ID <input type="text"/>	<b>BK</b> <input type="checkbox"/> 504 Referral
		Embrace ID Number <input type="text"/>	<input type="checkbox"/> 504 Eligible. No Plan Needed. Last Reviewed: <input type="text"/> / <input type="text"/> / <input type="text"/>
<b>G</b>	DOB:	<input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2025"/>	<b>i</b> <input type="checkbox"/> 504
	Chronological Age:	0 years, 0 months, 0 days	<input type="checkbox"/> DS/Medicaid
	Active:	<input checked="" type="checkbox"/> <b>BB TO INACTIVATE ONLY. STUDENTS ARE ACTIVATED BY DEFAULT</b>	<input type="checkbox"/> SSP
	TEST:	<input type="checkbox"/>	Alternate Medicaid Name: <a href="#">(show/hide)</a>
	IEP Ineligible:	<input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	<b>BH</b> Consent To Bill: <input type="text"/>
<b>BR</b>	504 Ineligible:	<input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	<b>Bi</b> Date Consent Was Signed: <input type="text"/>
	Revoked Consent:	<input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	Upload Signed Consent: <input type="button" value="Choose File"/> No file chosen
	Retained:	<input type="checkbox"/> <input type="text"/>	<a href="#">Existing Files (0)</a>
			<a href="#">Show Consent History</a>
			<b>K</b> Medicaid Number: <input type="text"/> - <input type="text"/>
			Notes: <input type="text"/>
			<b>Superuser Notes:</b> <input type="text"/>
			<input type="checkbox"/> Transfer Lock (Prevent Student District Transfer)
			Reason(s) for Transfer Lock: <input type="text"/>

Gifted/Talented Status: **CQ**

Economic Disadvantage Status: **CR**

Migrant Status: **CS**

**IEP Evaluation Data**

Previous Evaluation:  /  /

Current Full Individual Evaluation : **L**  /  /

Next Full Individual Evaluation Due : **CK or CU**  /  /

Date of Referral **DE**  /  /

Initial Evaluation Consent Received: **M**  /  /

Consent was DENIED/ Student was Withdrawn on:  /  /

Student Absences: **DA**

Date of Initial Full Individual Evaluation: **BJ**  /  /

Re-evaluation Consent: **N**  /  /

Date of Initial ARD: **CZ**  /  /

Previous Annual ARD:  /  /

Date of current Annual ARD: **DC**  /  /

Next Annual ARD Due: **O**  /  /

Initial Transition Services Date: **DG**  /  /

ECI Notification Date:  /  /

ECI Transition Conference Date:  /  /

ECI Original Services Date:  /  /

**Special Education Eligibility**

Primary: **P**

Secondary: **Q**

Tertiary: **CJ**

Quaternary:

If Evaluation was delayed:

SPP 11/SPP 12 Eval Delay Reason:

SPP 11/SPP 12 Eligibility Delay Reason:

Campus of Initial Evaluation: (?)

Initial Eligibility Determination Code: (?) **BJ**

**504 Evaluation Data**

Last Evaluation/Eligibility: **BL**  /  /

Initial Evaluation Consent Received: **BM**  /  /

**BN** Initial Eligibility Determination Completed:  /  /

Re-evaluation Consent: **BO**  /  /

Current 504 Date:  /  /

Next Annual Review: **BP**  /  /

Date of Initial 504 Plan: **BQ**  /  /

**504 Eligibility**

504 Primary:

**ELLA Dates**

Initial Entry Date:  /  /

Last Review Date:  /  /

Exit Date:  /  /

**Student Placement Information**

[View Student School History](#) [View Student School Year Grades](#)

**Current Year** [Clear Current Year Fields \(?\)](#)

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:

Anticipated HS Graduation:   /  /

Student Is On The Following Staff Lists: (0)

**Next Year** [Clear Next Year Fields \(?\)](#)

Grade:  School Year:  Case Manager:

Home School:   OR

Serving School:

**Student Information**

Gender:  Ethnicity:  Race:

Student's Primary Language:  Severity of Disability:  Emergent Bilingual (EB): Not Specified (?)

Student Phone:

E-mail:

Address:   Address Updated On:  (Set To Today)

City, State, Zip:

Emergency Contact Name:  Number:

Prescriptions and Referrals:

Service	Start Date	End Date

[Add / Edit Prescriptions & Referrals](#)

**Hearing/Vision**

Hearing (Screening/Exam):

Vision (Screening/Exam):

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

Medical Alert

Medical Alert Information (No more than 255 characters):

255 out of 255 characters remaining

**Parent Information**

[Copy Student Address](#)

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:  Lives With:  Parent/Guardian 2:

Parent's Address:   Parent's Address 2:

Parent's City, State, Zip:     Parent's City, State, Zip 2:

Home Phone:   Parent's Phone 2:

Cell Phone:   Cell Phone 2:

Work Phone:   Work Phone 2:

Parent's Primary Language:

Parent's Preferred Language:

Parent's E-mail:   E-mail 2: