

## Illuminate Special Education Student Information Sheet

Prepared By: \_\_\_\_\_

Current Date: \_\_\_\_\_

<b>Personal Core</b>			
<b>Students Name</b> (last, middle, first)		<b>Date Of Birth:</b>	<b>UIC Code:</b> (If known)
<b>Suffix:</b> Jr. Sr. II III IV	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Enrollment Date:</b>
<b>Graduation Year:</b>		<b>City, State &amp; Country of birth:</b>	
<b>Personal Demographics</b>			
<b>Street Address:</b>		<b>City, Zip Code:</b>	
<b>Resident District:</b>		<b>School:</b>	
<b>Student type:</b>		<b>Calendar:</b>	
<b>Ethnicity:</b>	<b>Hispanic/Latino Ethnicity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Federal Race:</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian American <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino		
<b>Language: What language is spoken in the home?</b>	<input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		
<b>Guardian Information</b>			
<b>Name (Last, First)</b>			
<b>Relationship to Student:</b>		<b>Email Address:</b>	
<b>Primary Phone:</b>	<b>Work Phone:</b>		<b>Cell Phone:</b>