

Livingston County Public School
COMPUTER TRACKING SYSTEM (CTS)
DATA ENTRY FORM

NAME (LAST): _____ NAME (FIRST): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ SEX (Circle One): Male Female

DATE OF BIRTH: ____/____/____ AGE (Current school year): ____ Years ____ Months

COMMUNICATION MODE/TYPE (Circle or List): Spoken English, Spoken Spanish,
American Sign Language, English Sign Language, Assistive Technology,
Other (Specify): _____

THREE YEAR RE-EVALUATION DATE: ____/____/____ (Three years from the date of ARC to explain results)

CATEGORY OF DISABILITY: _____ DATE OF INITIAL PLACEMENT: _____

RELATED SERVICES (Circle of List):

GUARDIAN/EDUCATIONALL DECISION MAKER (List all GUARDIANS):

GUARDIAN RELATIONSHIP TO CHILD/YOUTH: _____

RACE: _____ MIGRANT (Cirlce One): YES NO

Extended School Services (Circle One): YES NO Extended School Year (Circle One) YES NO

COMMENTS: _____

SCHOOL (Circle One):	020 North Livingston Elementary	021 South Livingston Elementary
	065 Livingston County Middle	050 Livingston Central High
GRADE _____	PAD Contract (Paducah City School)	

CASE MANAGER: _____

MEDICAID (Circle One): Yes No MEDICAID NUMBER: _____

____ Add to Child Count _____ Remove from Child Count (state reason why and date under comments)
Changes should be made on computer tracking sheet

(SUBMIT ADDITIONS/CHANGES TO THE DIRECTOR OF SPECIAL EDUCATION ON THE LAST DAY OF EACH WEEK, SCHOOL IS IN SESSION.)