

Date _____

IEP SCRAM SERVICES

Grade _____

This form is used to identify services the student is receiving. If the IEP services CHANGE AT ANY POINT IN THE SCHOOL YEAR, a new form must be completed and the yellow copy sent to the District Office.

Student _____ DOB _____ Student # _____ SS# _____

Ethnicity _____ Gender _____ Case Manager _____

❖ Entry Date _____ ❖ IEP Date _____ ❖ Reevaluation Due Before _____

School

- | | | |
|---|--|--|
| <input type="checkbox"/> Early Childhood Education Center | <input type="checkbox"/> Longview Elementary | <input type="checkbox"/> Hillcrest Junior High |
| <input type="checkbox"/> Grant Elementary | <input type="checkbox"/> McMillan Elementary | <input type="checkbox"/> Riverview Junior High |
| <input type="checkbox"/> Horizon Elementary | <input type="checkbox"/> Parkside Elementary | <input type="checkbox"/> Murray High School |
| <input type="checkbox"/> Liberty Elementary | <input type="checkbox"/> Viewmont Elementary | <input type="checkbox"/> Creekside Program |
| | | <input type="checkbox"/> Murray Adult Transition |

Classification

- Autism
- Speech/Lang. Impairment
- Deafblind
- Developmental Delay
- Emotional Disturbance
- Hearing Impairment/Deaf
- Intellectual Disability
- Multiple Disability
- Other Health Impairment
- Orthopedic Impairment
- Specific Learning Disabilities
- Traumatic Brain Injury
- Visual Impairment

SCRAM Time Service Level

- 1-59 min/day (A)
- 60-179 min/day (B)
- 180 min/day or more (C)

Regular Ed Percent

- At least 80% of the day
- 40% to 79% of the day
- Less than 40% of the day

Health Related Services

- Occupational Therapy
- Physical Therapy
- Nursing Services
- Health Care Plan
- Behavioral Health Services
- Behavior Intervention Plan
- Vision Services
- Glasses
- Hearing Services
- Hearing Aids
- Cochlear Implant
- Sign Language
- Speech/Language Therapy
- Augmentative
- English Language Learner

➔ **Exit Date** _____

Exit Code

- | | |
|---|--|
| <input type="checkbox"/> Returned to general education | <input type="checkbox"/> Reached maximum age |
| <input type="checkbox"/> Graduated with a diploma | <input type="checkbox"/> Murray Adult Transition |
| <input type="checkbox"/> Graduated with a certificate of attendance | <input type="checkbox"/> Died |
| <input type="checkbox"/> Moved, continued in district _____ | <input type="checkbox"/> Dropped out |
| <input type="checkbox"/> Moved, continued out of district _____ | <input type="checkbox"/> Change in placement |
| <input type="checkbox"/> Moved, continued-unknown | <input type="checkbox"/> Change in services |