

Meeting Date: \_\_\_\_\_

- \_\_\_\_\_ Initial
- \_\_\_\_\_ Annual
- \_\_\_\_\_ Review/Plan
- \_\_\_\_\_ Revision ARD
- \_\_\_\_\_ Manifestation
- \_\_\_\_\_ Transfer
- \_\_\_\_\_ Dismissal

B. Folder _____
Speech _____
Other _____

**LA JOYA INDEPENDENT SCHOOL DISTRICT  
ARD COMMITTEE REPORT  
(SEMS SHEET)**

**Student:** \_\_\_\_\_ **Enrolled Campus:** \_\_\_\_\_  
**ID :** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Home Campus:** \_\_\_\_\_

**\*\* If student has Medicaid please provide Medicaid Number** \_\_\_\_\_ **INCLUSION:**  **ELA**  **Math**  **Science**  **S. Studies**

**Medicaid Consent Form with Parent Signature**

**Handicapping Codes:** 1 for Primary 2 for Secondary 3 for Tertiary

- |  |                                  |                                   |
|--|----------------------------------|-----------------------------------|
| _____ (08) Learning Disabled   | _____ (03) Auditory Impairment   | _____ (10) Autistic               |
| _____ (06) Mentally Retarded   | _____ (04) Visual Impairment     | _____ (05) Deaf/Blind             |
| _____ (07) Emotionally Disturbed   | _____ (02) Other Health Impaired | _____ (14) Non-Categorical        |
| _____ (09) Speech Impaired   | _____ (01) Orthopedic Impairment | _____ (13) Traumatic Brain Injury |
| _____ Multiple Impairment (Must meet eligibility for 2 handicaps and criteria) | _____ Medically Fragile          |                                   |

**Instructional Arrangement:** (Contact Hours Code) Check ( ) Effective Date (if changed from previous ARD) \_\_\_/\_\_\_/\_\_\_

- |  |  |
|--|--|
| _____ (00) Speech Only                 | _____ (41) Resource: less than 21%   |
| _____ (01) Homebound                   | _____ (42) Resource: at least 21% and less than 50 %                           |
| _____ (08) Vocational Adjustment Class | _____ (43) Self-Contained, Mild/Moderate/Severe at least 50%- no more than 60% |
| _____ (40) Mainstream                  | _____ (44) Self-Contained, Mild/Moderate/Severe Reg. Campus-more than 60%      |
| _____ Other: _____                     | _____ Other: _____   |

**Assessments:** List all for initial ARD. Update or new evaluation only on subsequent meetings.

<b>FIE:</b> _____/___/___	<b>Physical Therapy:</b> _____/___/___	<b>Dyslexia:</b> _____/___/___
<b>Speech:</b> _____/___/___	<b>Occupational Therapy:</b> _____/___/___	<b>Child Restrain:</b> _____/___/___
<b>Medical:</b> _____/___/___	<b>Audiological:</b> _____/___/___	_____ : _____/___/___
<b>Psychological:</b> _____/___/___	<b>Visual:</b> _____/___/___	_____ : _____/___/___

**State Assessments:**

_____ TAKS	_____ TAKS A	_____ TAKS M	_____ TAKS ALT
_____ Reading	_____ Reading	_____ Reading	_____ Reading
_____ English	_____ Math	_____ Math	_____ Math
_____ Spanish	_____ Writing	_____ Writing	_____ Writing
_____ Social Studies	_____ Social Studies	_____ Social Studies	_____ Social Studies
_____ TAKS Bundle	_____ Science	_____ Science	_____ Science
_____ Reading	_____ ELA (10 <sup>th</sup> only)	_____ Exit Level TAKS	
_____ EXIT Level TAKS(11 <sup>th</sup> )			

**Services:** (Check all services recommended by ARD or received this year.)

- |                                   |                                     |  |
|-----------------------------------|-------------------------------------|--|
| _____ (07) Counseling             | _____ (19) Social Work              | _____ (10) Medical Diagnosis             |
| _____ (12) Occupational Therapy   | _____ Health Services               | _____ (04) A/Technology Devices/Services |
| _____ (16) Physical Therapy       | _____ (02) Adaptive Equipment       | _____ (13) O & M                         |
| _____ (21) Speech                 | _____ (17) Psychological Assessment | _____ Other: _____                       |
| _____ (23) Special Transportation | _____ Regular Transportation        | _____ Other: _____                       |

This form must be complete and must match all the information on the ARD packet.