

**PUPIL PERSONAL DATA SHEET
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

All applicable information must be completed on the Pupil Personal Data Sheet. All Information on this form and attachments are confidential documents.

Name _____ Age _____ Sex _____

Race _____ Date of Birth _____

Parent of Guardian _____

Phone Number _____

Grade/Academic Placement _____

Address _____

Report of Screening Team

Review of information indicated eligibility for:

_____ Emotional Disability (EMD)
_____ Educable Mentally Retarded (EMR)
_____ Specific Learning Disabled (SLD) in the categories of _____

_____ Language Speech
_____ Other Health Impairment (OHI)
_____ Traumatic Brain Injury
_____ Visually Impaired
_____ Autism
_____ Deaf/Blind
_____ Hearing Impaired
_____ Other

I have received Written Prior Notice for _____ and a copy of Procedural Safeguards. I understand Procedural Safeguards and I have given my consent for having my child tested to decide on appropriate educational methods and placement for him/her.

Date: _____ Signature of Parent: _____