



ESSA DATA FORM

1. Form needs to be completed within 24 business hours of a removal of a child or a change in placement.
2. Once the form is complete, please send to Brenda.Smith@embracefamilies.org and **attach any 504, IEP, BIP, Shelter/Placement order.**
3. An ESSA conference call will be held within 72 business hours of receipt of this form. **Children cannot be withdrawn or enrolled in any county until a call has been held and an ESSA decision has been made.**

Child's Information					
Date of Placement	Child's Name	DOB	Gender	Grade	Does the child have: 504, IEP, BIP, or ESE

Please check one of the following: Initial placement Change of placement Reunification/Adoption

To –New Placement Information	
Placement Name:	County:
Level I, Level II, Relative or Non-Relative	
Address:	
Phone Number:	
Email:	
ZONED School*	Grade:

* ZONED SCHOOL: IN SEMINOLE COUNTY, CITY OF SANFORD, ELEMENTARY CHILDREN HAVE SCHOOL CHOICE OPTION –MUST GO ONLINE AND COMPLETE APPLICATION

From – Removal / Last Placement Information	
Removal From Name:	County
Address:	
Phone Number:	
Email:	
Current School	Grade:

- Check all that apply Has Educational Surrogate Needs Educational Surrogate
- Currently Expelled from School District Wants GED Program
- Supervised Visits Ordered TPR'D
- No Contact with: _____

List any other information, restrictions, safety concerns, or school aged siblings:

Case Management: Agency - _____			
	Name	Phone#	Email
Case Mgr.			
Supervisor			
GAL			
CSM			

Education Mgr. Notes: (For internal use only)	<input type="checkbox"/> Keys to Independence Referral <input type="checkbox"/> Update Education in FSFN <input type="checkbox"/> Request Evaluation <input type="checkbox"/> Coordinate w/Staffing Spec.	<input type="checkbox"/> Career Source Referral <input type="checkbox"/> Upload IEP <input type="checkbox"/> Legacy mentor Referral CBHA <input type="checkbox"/> In File <input type="checkbox"/> Needed
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