

Student Name: _____ Date of Birth: _____

Address: _____

School: _____

Please be advised that the student listed has been identified as an individual who requires additional assistance to complete an educational program, or to secure and hold employment including an individual with a disability.

The Primary Disability of this student as identified on the PPT Cover Page document published by the student's school district in accordance with the CT State Department of Education, Bureau of Special Education document titled 'IEP Manual and Forms', January 2006 is indicated as follows:

- | | | | | |
|--------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Speech or Language Impaired | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> OHI - ADD/ADHD |
| <input type="checkbox"/> Developmental Delay (ages 3-5 only) | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Visual Impairment | |

Verified by: Printed Name

Signature

Title

School District

Date

WA SPED FORM

Delivering Employment Solutions

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