

## STUDENT ROSTER

Teacher's Name: \_\_\_\_\_  
 (List each teacher that is providing services to the students)

| Student's Name<br>(Legal Name as<br>registered in<br>school) | MSIS/SSN<br>(List the MSIS or<br>Social Security<br>Number) | Date of<br>Birth | Grade Level<br>(List the<br>student's<br>current grade<br>level) | Student's<br>Disability | Date of<br>Eligibility | Date of<br>IEP/IFSP |
|--|---|------------------|--|-------------------------|------------------------|---------------------|
| 1.   |   |                  |  |                         |                        |                     |
| 2.   |   |                  |  |                         |                        |                     |
| 3.   |   |                  |  |                         |                        |                     |
| 4.   |   |                  |  |                         |                        |                     |
| 5.   |   |                  |  |                         |                        |                     |
| 6.   |   |                  |  |                         |                        |                     |
| 7.   |   |                  |  |                         |                        |                     |
| 8.   |   |                  |  |                         |                        |                     |
| 9.   |   |                  |  |                         |                        |                     |
| 10.  |   |                  |  |                         |                        |                     |
| 11.  |   |                  |  |                         |                        |                     |
| 12.  |   |                  |  |                         |                        |                     |
| 13.  |   |                  |  |                         |                        |                     |
| 14.  |   |                  |  |                         |                        |                     |
| 15.  |   |                  |  |                         |                        |                     |
| 16.  |   |                  |  |                         |                        |                     |
| 17.  |   |                  |  |                         |                        |                     |
| 18.  |   |                  |  |                         |                        |                     |
| 19.  |   |                  |  |                         |                        |                     |
| 20.  |   |                  |  |                         |                        |                     |

Comments: