UNIVERSITY BASED PROGRAM

TEACHER UNIT REQUEST

STUDENT LISTING

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| **REQUIRED SUBMISSION** | **DIRECTIONS** | **THE DOCUMENTATION BELOW MUST BE KEPT ON FILE AND MADE AVAILABLE TO THE MDE UPON REQUEST.** |
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| Legal name of the student | Provide the name of each student who has a current IEP | * Copy of the student’s birth certificate * Copy of the student’s current IEP. * Eligibility Determination Documentation (ex: assessment team report, eligibility determination documentation, MET documentation) |
| Student’s ID Number | Provide the MSIS or other student ID number |
| Date of Birth | Provide the date of birth for the student. |
| Current grade | Provide the grade of current enrollment for the student. |
| Date of Current IEP | Provide the date of the student’s current IEP |
| Eligibility Category | Provide the student’s eligibility category as listed on the eligibility determination documentation and the IEP |
| Eligibility Date | Provide the student’s current eligibility date as listed on the eligibility determination documentation and the IEP. |
| Teacher of Record | Provide the name of the teacher serving the student. |



**UBP TEACHER UNIT REQUEST**

**STUDENT LISTING**

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| **Name of State Licensed Facility:** |  | | | **Facility Code:** |  |
| **# of Units Requested:** |  | **School Year:** |  | **Date of Request:** |  | |
| **Program Director Name:** |  | | | | |
| **Program Director Signature:** |  | | | | |
| **Assurance:** | *This signature assures that the information contained herein is true and accurate. Evidence to verify the validity of this information must be made available to the MDE upon request.* | | | | |

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| **Name of Student** | **Student ID Number** | **Date of Birth** | **Current Grade** | **Date of Current IEP** | **Eligibility Category** | **Current Eligibility Date** | **Teacher of Record** |
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