NW REGIONAL EDUCATION SERVICE DISTRICT NW OUTDOOR SCIENCE SCHOOL 5825 NE RAY CIRCLE, HILLSBORO, OR 97124 Phone: (503) 614-1402 Fax: (503) 614-3182

OFFICE USE ONLY	
CAMP	
WEEK	

SOCIAL/EMOTIONAL or LEARNING NEEDS: Having as much information about your students ahead of their week with us is extremely important in our effort to provide a safe, supportive, and accessible learning experience. Any student that may require accommodations due to social emotional or learning need (whether on an IEP or not) should be placed on this form. Please complete this form and return it to the Outdoor School office **as soon as possible** to allow for planning time. **If you need additional forms, please make copies.**

Student's Name Is student on a 504 Plan: Yes No Is student on a Safety Plan: Yes No (if yes, please attach) Is student on an IEP: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Special Education teacher or other individual who may have additional information: Name: Phone: Student's Name Is student on a Safety Plan: Yes No (if yes, please attach) Is student on a 504 Plan: Yes No Is student on a Safety Plan: Yes No (if yes, please attach) Is student on an IEP: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Student Need: Special Education teacher or other individual who may have additional information: Student Need: Phone: Phone:	Teacher's name	School	
Student's Name Is student on a 504 Plan: Yes No Is student on a Safety Plan: Yes No (if yes, please attach) Is student on an IEP: Yes No Which Category: English Language Learner: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Special Education teacher or other individual who may have additional information: Name:			
Is student on a 504 Plan: Yes No Student on a Safety Plan: Yes No (if yes, please attach) Is student on an IEP: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Special Education teacher or other individual who may have additional information: Name: Email: Phone: Student's Name Is student on a 504 Plan: Yes No Is student on a Safety Plan: Yes No (if yes, please attach) Is student on an IEP: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is student on a Safety Plan: Yes No (if yes, please attach) Is student on an IEP: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Special Education teacher or other individual who may have additional information:			
English Language Learner: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Special Education teacher or other individual who may have additional information: Name: Email: Phone: Student's Name Is student on a 504 Plan: Yes No Is student on a Safety Plan: Yes No (if yes, please attach) is student on an IEP: Yes No Which Category: English Language Learner: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Special Education teacher or other individual who may have additional information:			
English Language Learner: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Special Education teacher or other individual who may have additional information: Name: Email: Phone: Student's Name Is student on a 504 Plan: Yes No Is student on a Safety Plan: Yes No (if yes, please attach) is student on an IEP: Yes No Which Category: English Language Learner: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Special Education teacher or other individual who may have additional information:	Is student on an IEP: Yes \square No \square	Which Category:	
Attending with an Aide? Yes No Student Need: Student Need:			
Attending with an Aide? Yes No Student Need: Student Need:	Proficiency Level (if known):		
Special Education teacher or other individual who may have additional information: Name: Email: Phone: Student's Name Is student on a Safety Plan: Yes No (if yes, please attach) Is student on an IEP: Yes No Which Category: English Language Learner: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Special Education teacher or other individual who may have additional information:			
Special Education teacher or other individual who may have additional information: Name: Email: Phone: Student's Name Is student on a Safety Plan: Yes No (if yes, please attach) Is student on an IEP: Yes No Which Category: English Language Learner: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Special Education teacher or other individual who may have additional information:	Student Need		
Special Education teacher or other individual who may have additional information: Name: Email: Phone:			
Special Education teacher or other individual who may have additional information: Name: Email: Phone:			
Special Education teacher or other individual who may have additional information: Name: Email: Phone: Student's Name Is student on a 504 Plan: Yes □ No □ Is student on a Safety Plan: Yes □ No □ (if yes, please attach) Is student on an IEP: Yes □ No □ Which Category: English Language Learner: Yes □ No □ Home Language: Proficiency Level (if known): Attending with an Aide? Yes □ No □ Is Aide 1:1? Yes □ No □ Student Need: Special Education teacher or other individual who may have additional information:			
Student's Name Is student on a 504 Plan: Yes No Is student on a Safety Plan: Yes No (if yes, please attach) Is student on an IEP: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Special Education teacher or other individual who may have additional information:	Special Education teacher or other individual		ion:
Student's Name Is student on a 504 Plan: Yes □ No □ Is student on a Safety Plan: Yes □ No □ (if yes, please attach) Is student on an IEP: Yes □ No □ Which Category: English Language Learner: Yes □ No □ Home Language: Proficiency Level (if known): Attending with an Aide? Yes □ No □ Is Aide 1:1? Yes □ No □ Student Need: Special Education teacher or other individual who may have additional information:	•	•	
Is student on a 504 Plan: Yes No Is student on a Safety Plan: Yes No (if yes, please attach) Is student on an IEP: Yes No Which Category: English Language Learner: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Student Need:	Tune.	Email:	
Is student on a 504 Plan: Yes No Is student on a Safety Plan: Yes No (if yes, please attach) Is student on an IEP: Yes No Which Category: English Language Learner: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Student Need:			
Is student on an IEP: Yes \(\text{No} \) \(\text{Which Category:} \) English Language Learner: Yes \(\text{No} \) \(\text{Home Language:} \) Proficiency Level (if known): Attending with an Aide? Yes \(\text{No} \) \(\text{No} \) \(\text{Is Aide 1:1?} \) Yes \(\text{No} \) \(\text{No} \) Student Need: Special Education teacher or other individual who may have additional information:	Student's Name		
English Language Learner: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Special Education teacher or other individual who may have additional information:	Is student on a 504 Plan: Yes \square No \square	Is student on a Safety Plan: Yes □	No \square (if yes, please attach)
English Language Learner: Yes No Home Language: Proficiency Level (if known): Attending with an Aide? Yes No Is Aide 1:1? Yes No Student Need: Student Need: Special Education teacher or other individual who may have additional information:	Is student on an IEP: Yes \square No \square	Which Category:	
Proficiency Level (if known): Attending with an Aide? Yes □ No □ Is Aide 1:1? Yes □ No □ Student Need: Special Education teacher or other individual who may have additional information:	English Language Learner: Yes □ No		
Attending with an Aide? Yes \(\simega \) No \(\simega \) Is Aide 1:1? Yes \(\simega \) No \(\simega \) Student Need: Special Education teacher or other individual who may have additional information:			
Special Education teacher or other individual who may have additional information:			
Special Education teacher or other individual who may have additional information:	Student Need:		
Special Education teacher or other individual who may have additional information:	Student Need.		
Special Education teacher or other individual who may have additional information:			
Special Education teacher or other individual who may have additional information:			
•	Special Education teacher or other in division		
rianc Filone	•	•	
	Name:	Email:	Phone: