

MARSS Status Form

Student's Name: Last _____ First _____ Middle _____

Date of Birth: _____ Gender: M F Ethnicity: _____ Home Language: _____

Parent/Guardian name: _____ Parent/Guardian name: _____

Address: _____ Address: _____

City: _____ City: _____

Phone number: _____ Phone number: _____

Service Coordinator: _____ County child lives in: _____

Referral/Start date: _____ Evaluation Status: _____ End Date (ER mtg. date): _____ Assessment hours: _____

Marss Number: _____

Change in Status

Date of Change	Sped Eval status	Primary Disability	Setting	Status End Code	Homeless status	Economic Indicator