

**Office Only** School Name/Code: \_\_\_\_\_ School Entry date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student District ID: \_\_\_\_\_ Student State ID (SSID): \_\_\_\_\_ Received Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Copy of court order legal documentation was provided by parent/guardian.  Yes  No



**FOOS TSO NPE NKAG QIB K-12 NTAWM PAWG TSEV KAWM ANCHORAGE (ASD)**

Niam Txiv / Tus Saib Xyuas ua kom tiav Tshooj I-V. Thov caw luam tawm kom nyeem tau zoo uas yog siv cwj mem kob dub lossis xiaiv

<b>I. XOY XWM TUB NTXHAIKAWM</b>				
<b>1. Tub Ntxhais Kawm</b> Lub xeem Uas Raug Cai:	<b>Tub Ntxhais Kawm</b> Lub npe Uas Raug Cai:	<b>Tub Ntxhais Kawm</b> Lub npe nruab nrab:	Lwm lub npe ntxiv tom qab:	Lwm lub npe uas tub ntxhais kawm siv:
<b>2. Qib kev kawm:</b>	<b>3. Poj niam txiv neej:</b> <input type="checkbox"/> Txiv neej <input type="checkbox"/> Poj niam	<b>4. Tus tub ntxhais kawm puas yog Hispanic lossis Latino?</b> <input type="checkbox"/> Yog <input type="checkbox"/> Tsis yog <b>4a. Xaiv <i>ib lossis ntau dua ntawm</i> cov haiv neeg:</b> <input type="checkbox"/> Dawb <input type="checkbox"/> As Xis <input type="checkbox"/> Dub <input type="checkbox"/> Haiv Neeg AK Ib Txwm <input type="checkbox"/> Meskas Indian <input type="checkbox"/> Haiv Neeg Hawaiian lossis Neeg Nyob Pov Txwv Pacific	<b>5. Tub ntxhais kawm hnuv yug:</b> Hli / Hnuv Tim / Xyoo ____/____/____	<b>6. Thaj chaw yug:</b>
<b>7. Tub ntxhais kawm hom lus xub thawj:</b>		<b>8. Tub ntxhais kawm hom lus hais tom tsev</b>		
<b>9. Tub Ntxhais Kawm Chaw nyob Vaj Tse:</b>			Nroog, Xeev:	NAJ NPAWB THAJ TSAM CHAW (ZIP) + 4:
<b>10. Tub ntxhais kawm chaw nyob email (yog tias tsis yog chaw nyob vaj tse):</b>			Nroog, Xeev:	NAJ NPAWB THAJ TSAM CHAW (ZIP) + 4:
<b>11. Tub Ntxhais Kawm chaw nyob Email thiab Naj Npawb Xov Tooj: (Rau cov tub ntxhais kawm HS kawm on-line lossis cov kawm King Tech cov hoob kawm)</b> Email: _____ Xov Tooj: _____				
<b>12. Puas muaj <i>lus txib ntawm tsev tu plaub</i> uas muaj kev cuam tshuam txog tub ntxhais kawm?</b> <input type="checkbox"/> Muaj <input type="checkbox"/> Tsis Muaj <b>**Yog tias muaj</b> , thov caw xa ib daim luam qauv ua raug cai mus rau lub chaw ua haujlwm ntawm tsev kawm ntawv.				
<b>13. Puas yog tus tub ntxhais kawm: Tsis Yog Neeg Kawm Nyob Cheeb Tsam ASD?</b> <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog <b>Kawm Hauv Ib Lub Tsev Kawm Ntiag Tug?</b> <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog <b>Ib Tug Tub Ntxhais Kawm Txawv Teb Chaws?</b> <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Lub Npe Tsev Kawm Ntawv Uas Tsis Nyob Hauv ASD : _____ Lub Npe Tsev Kawm Ntiag Tug: _____				
<b>14. Thov caw tee cov keeb kwm yav tag los <i>uas tsis nyob hauv</i> Pawg Tsev Kawm Anchorage xam Tsev kawm menyuum me nrog:</b> (Yog tias yuav tsum siv lwm qhov chaw sau ntxiv, thov caw mus ntsib tus neeg tuav ntaub ntawv hauv tsev kawm.) Lub npe tsev kawm: _____ Chaw Nyob: _____ Nroog: _____ Txoj Kev: _____ Naj Npawb Xa Ntawv Ntawm Thaj Tsam Chaw (Zip): _____ Naj npawb xov tooj ntawm tsev kawm (_____) _____ Hnuv uas mus kawm zaum kawg nkaus: ____/____/____ Cov Xyoo uas tau kawm: _____ Qib kev kawm xyoo tag los: _____				
<b>15. Yav tag los tso npe nkag hauv ASD (xam Tsev kawm ntawv menyuum me nrog) puas yog?</b> <input type="checkbox"/> Yog Lawm* <input type="checkbox"/> Tsis Yog <b>*Yog tias yog</b> , lub npe tsev kawm _____ xyoo mus kawm zaum kawg _____				
<b>16. Tus tub ntxhais kawm puas muaj IEP tam sim no lossis yav tag los?</b> <input type="checkbox"/> Muaj <input type="checkbox"/> Tsis Muaj		<b>17. Tub ntxhais kawm puas muaj 504 ib qho kev npaj tam sim no?</b> <input type="checkbox"/> Muaj <input type="checkbox"/> Tsis Muaj		
<b>18. Yog tias koj tus tub ntxhais kawm tsis yug nyob rau Teb Chaws Meskas (xam lub Nroog ntawm Columbia thiab Puerto Rico nrog), thov caw qhia thawj hnuv uas paub uas pib nkag tsev kawm ntawv nyob hauv Teb Chaws Meskas:</b> _____				
<b>II. XOY XWM OB NUS MUAG VIV NCAUS</b> (Yog tias yuav tsum siv lwm qhov chaw sau ntxiv, thov caw mus ntsib tus neeg tuav ntaub ntawv hauv tsev kawm.)				
Ua kom tiav tshooj no yog tias zoo siv rau xwb. Xam cov nus muag viv ncaus tus uas sam sim tso npe nkag <b>rau cov Qib Kawm K-12 hauv Pawg Tsev Kawm Anchorage.</b>				
Nus muag viv ncaus 1 lub npe thiab lub xeem:		Qib Kawm:	Lub npe tsev kawm:	
Nus muag viv ncaus 2 lub npe thiab lub xeem:		Qib Kawm:	Lub npe tsev kawm:	
Nus muag viv ncaus 3 lub npe thiab lub xeem:		Qib Kawm:	Lub npe tsev kawm:	

Nus muag viv ncaus 4 lub npe thiab lub xeem:	Qib Kawm:	Lub npe tsev kawm:
Nus muag viv ncaus 5 lub npe thiab lub xeem:	Qib Kawm:	Lub npe tsev kawm:
Cov xov xwm uas tau muab los no nws muaj tseeb raws li kev paub zoo tshaj plaws ntawm kuv. <b>x Niam Txiv/Tus Saib Xyuas tes kos npe (tseev kom muaj)</b> _____ HnubTim: _____		
<b>III. XOV XWM TIV TAUJ UAS TSEEM CEEB</b>		
	<b>TUS NEEG TIV TAUJ NIAM TXIV/TUS SAIB XYUAS</b>	<b>TUS NEEG TIV TAUJ NIAM TXIV/TUS SAIB XYUAS</b>
Koob Npe (cim ib qho):	<input type="checkbox"/> Yawg hlob (Mr). <input type="checkbox"/> Niam hlob (Mrs). <input type="checkbox"/> Phauj (Ms).	<input type="checkbox"/> Yawg hlob (Mr). <input type="checkbox"/> Niam hlob (Mrs). <input type="checkbox"/> Phauj (Ms).
<b>Tus neeg tiv tauj</b> lub npe thiab lub xeem (lub xeem, lub npe):		
Hom neeg tiv tauj:	<b>Cim rau ib qho xwb:</b> <input type="checkbox"/> Niam txiv <input type="checkbox"/> Tus saib xyuas <input type="checkbox"/> *Lwm tus	<b>Cim rau ib qho xwb:</b> <input type="checkbox"/> Niam txiv <input type="checkbox"/> Tus saib xyuas <input type="checkbox"/> *Lwm tus
Kev sib txheeb nrog tus tub ntxhais kawm:	<b>Cim rau ib qho xwb:</b> <input type="checkbox"/> Niam <input type="checkbox"/> Txiv <input type="checkbox"/> Niam tshiab <input type="checkbox"/> Txiv tshiab <input type="checkbox"/> Niam qhuav <input type="checkbox"/> Txiv qhuav <input type="checkbox"/> Pog <input type="checkbox"/> Yawg <input type="checkbox"/> Phauj <input type="checkbox"/> Txiv ntxawm <input type="checkbox"/> Nus muag viv ncaus <input type="checkbox"/> *Tus saib xyuas los ntawm Kws lij choj <input type="checkbox"/> Tus saib xyuas neeg txom nyem (OCS Caseworker) <input type="checkbox"/> *Tus Muab Kev Txhawb Nqa Uas Xaiv Tsa Los Ntawm Tsev Tu Plaub	<b>Cim rau ib qho xwb:</b> <input type="checkbox"/> Niam <input type="checkbox"/> Txiv <input type="checkbox"/> Niam tshiab <input type="checkbox"/> Txiv tshiab <input type="checkbox"/> Niam qhuav <input type="checkbox"/> Txiv qhuav <input type="checkbox"/> Pog <input type="checkbox"/> Yawg <input type="checkbox"/> Phauj <input type="checkbox"/> Txiv ntxawm <input type="checkbox"/> Nus muag viv ncaus <input type="checkbox"/> *Tus saib xyuas los ntawm Kws lij choj <input type="checkbox"/> Tus saib xyuas neeg txom nyem (OCS Caseworker) <input type="checkbox"/> *Tus Muab Kev Txhawb Nqa Uas Xaiv Tsa Los Ntawm Tsev Tu Plaub
<b>Chaw tiv tauj</b> chaw ua neej nyob ntawm tub ntxhais kawm: Yam tsawg kawg kiag yuav tsum muaj ib qho "Muaj" (Tsis Muaj. thiab npe txoj kev) (Nroog, Xeev, Zip + 4)	<input type="checkbox"/> Muaj <input type="checkbox"/> Tsis Muaj* *Yog tias <b>tsis muaj</b> , lossis yog tias Sib Pab kev saib xyuas, chaw nyob: _____	<input type="checkbox"/> Muaj <input type="checkbox"/> Tsis Muaj* *Yog tias <b>tsis muaj</b> , lossis yog tias Sib Pab kev saib xyuas, chaw nyob: _____
<b>Ces Tub Rog</b> <input type="checkbox"/> Muaj <input type="checkbox"/> Tsis Muaj Yog tias muaj, ua kom tiav tshooj no.	<input type="checkbox"/> Tseem ua haujlwm Qib Tub Rog: _____ Ces Kev Pab Cuam: _____ <input type="checkbox"/> Tus Saib Xyuas Teb Chaws (Nat. Guard Active/A.D.O.S.) <input type="checkbox"/> Tus Saib Xyuas Teb Chaws (Nat. Tus Saib Xyuas Tub Rog) <input type="checkbox"/> Tub Rog Mekas/Koob Npe X <input type="checkbox"/> Kws Cob Qhia Tub Rog <input type="checkbox"/> Tsis Ua Haujlwm Lawm lossis So Noj Nyiaj Laus Lawm	<input type="checkbox"/> Tseem ua haujlwm Qib Tub Rog: _____ Ces Kev Pab Cuam: _____ <input type="checkbox"/> Tus Saib Xyuas Teb Chaws (Nat. Guard Active/A.D.O.S.) <input type="checkbox"/> Tus Saib Xyuas Teb Chaws (Nat. Tus Saib Xyuas Tub Rog) <input type="checkbox"/> Tub Rog Mekas/Koob Npe X <input type="checkbox"/> Kws Cob Qhia Tub Rog <input type="checkbox"/> Tsis Ua Haujlwm Lawm lossis So Noj Nyiaj Laus Lawm
<b>Lub npe</b> tiv tauj ntawm tus tswv haujlwm:		
<b>Chaw tiv tauj chaw nyob</b> ntawm haujlwm: (Tseev kom tau xwb yog tias ua haujlwm rau Khoom Teej Tug Ntawm Tsoom Fwv)	Lub Nroog: _____ Lub Xeev: _____ Zip: _____	Lub Nroog: _____ Lub Xeev: _____ Zip: _____
<b>Lub Npe Khoom Teej Tug Ntawm Tsoom Fwv</b> (piv txwv li. JBER, BLM, courthouse )		
<b>Thib<sub>1</sub> Naj Npawb Xov Tooj rau Hu</b>	<input type="checkbox"/> Xov Tooj Ntawm Tes <input type="checkbox"/> Xov Tooj Hauv Tsev <input type="checkbox"/> Xov Tooj Tom Haujlwm	<input type="checkbox"/> Xov Tooj Ntawm Tes <input type="checkbox"/> Xov Tooj Hauv Tsev <input type="checkbox"/> Xov Tooj Tom Haujlwm
<b>Thib<sub>2</sub> Naj Npawb Xov Tooj rau Hu</b>	<input type="checkbox"/> Xov Tooj Ntawm Tes <input type="checkbox"/> Xov Tooj Hauv Tsev <input type="checkbox"/> Xov Tooj Tom Haujlwm	<input type="checkbox"/> Xov Tooj Ntawm Tes <input type="checkbox"/> Xov Tooj Hauv Tsev <input type="checkbox"/> Xov Tooj Tom Haujlwm
<b>Thib<sub>3</sub> Naj Npawb Xov Tooj rau Hu</b>	<input type="checkbox"/> Xov Tooj Ntawm Tes <input type="checkbox"/> Xov Tooj Hauv Tsev <input type="checkbox"/> Xov Tooj Tom Haujlwm	<input type="checkbox"/> Xov Tooj Ntawm Tes <input type="checkbox"/> Xov Tooj Hauv Tsev <input type="checkbox"/> Xov Tooj Tom Haujlwm
<b>Cov lus</b> uas nyiam siv rau kev tiv tauj:		

<b>Chaw tiv tauj</b> Chaw nyob Email:		
<b>Chaw tiv tauj uas</b> xav tau tiv tauj rau cov tub ntxhais kawm uas teev tseg nram qab no:	<input checked="" type="checkbox"/> Web Nkag Mus Saib (Parent Connect)	<input type="checkbox"/> Web Nkag Mus Saib (Parent Connect) <input type="checkbox"/> TSIS TXHOB TSO TAWM (Thov caw qhia lus txib ntawm tsev tu plaub rau)

Tsev kawm hu tus neeg tiv toj thaum muaj xwm ceev thaum lawv hu tsis tau tus thawj hu.

Thov caw qhia xov xwm chaw tiv tauj ntxiv rau nram qab no. (Tsis Yog Tus Thawj Hu)

Tej zaum kuv tus menyuum kuj yuav raug tso tawm rau cov chaw tiv tauj nram qab no.

<b>IV. XOV XWM CHAW TIV TAUJ THAUM TEEB MEEM</b>				
	<b>CHAW TIV TAUJ THAUM TEEB MEEM</b>		<b>CHAW TIV TAUJ THAUM TEEB MEEM</b>	
<b>Lub npe tag nrho ntawm</b> chaw tiv tauj:				
<b>Chaw tiv tauj</b> kev sib txheeb:				
<b>Chaw tiv tauj</b> naj npawb xov tooj:	<input type="checkbox"/> xov tooj ntawm tes <input type="checkbox"/> Xov tooj ntawm haujlwm <input type="checkbox"/> Xov tooj hauv tsev		<input type="checkbox"/> Xov tooj ntawm tes <input type="checkbox"/> xov tooj ntawm haujlwm <input type="checkbox"/> Xov tooj hauv tsev	
<b>Chaw tiv tauj</b> naj npawb xov tooj:	<input type="checkbox"/> xov tooj ntawm tes <input type="checkbox"/> Xov tooj ntawm haujlwm <input type="checkbox"/> Xov tooj hauv tsev		<input type="checkbox"/> Xov tooj ntawm tes <input type="checkbox"/> xov tooj ntawm haujlwm <input type="checkbox"/> Xov tooj hauv tsev	
	<b>CHAW TIV TAUJ THAUM TEEB MEEM</b>		<b>CHAW TIV TAUJ THAUM TEEB MEEM</b>	
<b>Lub npe tag nrho ntawm</b> chaw tiv tauj:				
<b>Chaw tiv tauj</b> kev sib txheeb:				
<b>Chaw tiv tauj</b> naj npawb xov tooj:	<input type="checkbox"/> xov tooj ntawm tes <input type="checkbox"/> Xov tooj ntawm haujlwm <input type="checkbox"/> Xov tooj hauv tsev		<input type="checkbox"/> Xov tooj ntawm tes <input type="checkbox"/> xov tooj ntawm haujlwm <input type="checkbox"/> Xov tooj hauv tsev	
<b>Chaw tiv tauj</b> naj npawb xov tooj:	<input type="checkbox"/> xov tooj ntawm tes <input type="checkbox"/> Xov tooj ntawm haujlwm <input type="checkbox"/> Xov tooj hauv tsev		<input type="checkbox"/> Xov tooj ntawm tes <input type="checkbox"/> xov tooj ntawm haujlwm <input type="checkbox"/> Xov tooj hauv tsev	

Cov xov xwm uas tau muab los no nws muaj tseeb raws li kev paub zoo tshaj plaws ntawm kuv.

X Niam Txiv/Tus Saib Xyuas tes kos npe (tseev kom muaj) \_\_\_\_\_

HnubTim: \_\_\_\_\_