



CORRECTIONAL EDUCATION
100 South Charles Street, Floor 2
Baltimore, MD 21201

CE STUDENT FIND EDUCATIONAL INTERVIEW INTAKE FORM

COMPLETE THIS FORM FOR ALL INCOMING INCARCERATED INDIVIDUALS (II) WHO ARE 21 YEARS OLD AND YOUNGER: INFORMATION IS CONFIDENTIAL AND FOR PROFESSIONAL USE ONLY.

PART I - IDENTIFYING INFORMATION

NAME: _____ DOB: _____

FACILITY: _____ DOE: _____ Release Date: _____

DOC/SID#: _____ HOME #: _____

HOME ADDRESS: _____

Parent/Guardian: _____ Phone #: _____

PART II: SCHOOL HISTORY - If the II DOES have a High School Diploma (HSD)

1. What year did you earn your HSD? _____
2. What is the name of the school that awarded you your HSD? _____

3. What is the address of the school? _____

4. **NOTE:** A school name, address and Social Security # are needed to verify a HSD. *Give the HSD Verification form to your principal who will forward it to CE headquarters.*
5. Read the following to the II: "Once your HSD is verified, you can write a letter to your DPSCS Case Manager and the school principal and request an assessment to start a Correctional Education Career and Technology Education (CTE) or Transition Program". Share the CTE and Transition programs at your facility.

PART III. SCHOOL HISTORY: If the II DOES NOT have a HSD

1. What was the name of the last school you attended? _____
2. What is the highest grade you completed? _____

3. What was the name of your Middle School? _____
4. *Do you have a 504 Plan, or **did** you have one? _____ (yes or no)
If yes, what state? _____ Do you have a copy of it? _____ (yes or no)
5. *Do you have a current or prior IEP (Individual Education Program)? _____ (yes or no)
If yes, what state? _____ Do you have a copy of it? _____ (yes or no)

***IF #4 AND #5 are "NO":** 1) Discontinue the interview; 2) Give a copy of this document to the School Principal for the II to be enrolled in school; 3) Put the document in the student's file.

***IF #4 OR #5 are "YES"** continue the interview in its entirety.

PART IV. SPECIAL EDUCATION HISTORY

OBTAIN FROM THE II: Read to the II: The implementation of special education (SPED) services is federally and state mandated and is provided to students until the end of the school year in which they turn 21.

1. When was your IEP or 504 Plan initiated? HS _____ MS _____ Elementary _____
2. Did you receive Related Services? If yes, select all that apply: _____ Counseling
_____ Speech/Communication _____ Occupational Therapy _____ Physical Therapy
3. Do you wear glasses? _____ Have a hearing aid _____?

PART V. RECORDS REQUEST: (For Office USE ONLY)

1. Date of CE Staff's record request: _____
2. School(s) contacted: _____

*Place Record Request with student's signature in student file

If the SPED Teacher/Case Manager (SPED CM) is not conducting the II interview, and the II states they have an IEP or 504 Plan, please provide a copy of this document to the SPED CM.

DATE OF INTERVIEW: _____

STUDENT SIGNATURE: _____

INTERVIEWER'S NAME & SIGNATURE: _____