

**Survey of Students with Disabilities Enrolled in Private Schools  
To Be Completed October FTE Period**

School: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Person Completing Survey: \_\_\_\_\_

Title: \_\_\_\_\_

*Please complete the following information for all students with disabilities enrolled in your school during October of the current school year. Return completed survey to Kendra Gerlits, Office for Student Support Program and Services, District School Board of Pasco County by October 14th. This information will determine the funding for services for the upcoming school year. If you choose not to complete and return this form, you will not be eligible for services during the following school year.*

*Email: [kgerlits@pasco.k12.fl.us](mailto:kgerlits@pasco.k12.fl.us) or fax: 727-774-2117, 813-794-2117, or 352-524-2117*

Student Name	Date of Birth	Areas of Disability (as listed on the IEP) <i>* See note below</i>	Date of Last IEP/SP	McKay Scholarship		County of Residence
				Yes	No	

*\* Please see attached Primary Exceptionality Code Legend for appropriate Area of Disability codes (medical diagnoses such as ADHD, ODD, etc. should not be used.)*