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Region	Sending School Location	Sending School Name	ESY Location

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Student ID	Last Name	First Name	Grade	Primary Exceptionality

Form of Communication (Verbal or Non-Verbal)	NURSE	Specialized Food Prep

If "Other" in Column M, Explain:	ITN / VI	ITN / DHOH	Orient. & Mobility

Adaptive Equipment	If "Other" in Column Q, Explain:	Assistive Technology

If "Other" in Column S, Explain:	RBT (Yes/No)	RBT Packet Uploaded to ESE-EMS

Does the student have an assigned paraprofessional? **(Assigned paraprofessional does not guarantee summer work)**