2009-2010
Oklahoma Alternate Assessment Program
Student Demographic Sheet

1. Student's Name _____
   First Name Last Name
2. Student's Grade: ☐☐
3. Student's Date of Birth: ☐☐-☐☐-☐☐
4. Student's Disability: (check only one)
   - ☐ Hearing Impairment
   - ☐ Speech-Language Impairment
   - ☐ Serious Emotional Disturbance
   - ☐ Other Health Impairment
   - ☐ Deaf-Blindness
   - ☐ Autism
   - ☐ Intellectual Disability (Mental Retardation)
   - ☐ Deafness
   - ☐ Visual Impairment
   - ☐ Orthopedic Impairment
   - ☐ Specific Learning Disability
   - ☐ Multiple Disabilities
   - ☐ Traumatic Brain Injury
   - ☐ Developmental Disability
5. Type of Placement: (check only one)
   - ☐ Regular classes full-time
   - ☐ Special classes full-time
   - ☐ Home instruction
   - ☐ Special classes part-time
   - ☐ Special school
   - ☐ Instruction in other setting (hospital, residential facility)
6. Student's Gender: ☐ Male ☐ Female
7. Student's Ethnicity: (check only one)
   - ☐ Black or African American (not Hispanic)
   - ☐ American Indian or Alaska Native
   - ☐ White (not Hispanic)
   - ☐ Asian
   - ☐ Pacific Islander
   - ☐ Hispanic or Latino
8. Is the student:

Yes	No	
☐	☐	served by the migrant program?
☐	☐	served by Title X (McKinney-Vinto) program?
☐	☐	served by the free-reduced lunch program?
☐	☐	an English Language Learner (ELL)?
☐	☐	enrolled for a full academic year (FAY) in the State?
☐	☐	enrolled for a full academic year (FAY) in the District?
☐	☐	enrolled for a full academic year (FAY) in the Site?

9. County Name:_____County Code:☐☐
10. Site Name: _____Site Code:☐☐☐
11. District Name: _____District Code: ☐☐☐☐
12. Teacher: _____
    First Name Last Name
13. Include student photo (if possible)