



ORAN R-III SCHOOLS

P.O. Box 250 Oran, MO 63771
(573) 262-2330 – Supt. (573) 262-3345 – H.S. (573) 262-3435 – ELEM.

NOTICE TO ALL RESIDENTS OF ORAN R-3 SCHOOLS

The public school district is in the process of conducting the annual census of all children with disabilities or who are suspected of having a disability, birth through age twenty (20) who resides in the district or whose parent(s)/legal guardian(s) reside in the district. The district is required by law to conduct this Census and submit the following information to the Missouri Department of Elementary and Secondary Education: number of children with each disability; ages of the children, and their disability or suspected disability. In order to ensure that an unduplicated count is submitted, the district must collect the following information: name of each child; the parent/legal guardian's name/address; date of birth and the age of each child; and the child's disability or suspected disability. All information received by the district will be treated as confidential. Should the district fail to submit an annual census, the State Board of Education may withhold state aid from the district until the census is submitted. If you are aware of a child from birth through age twenty (20) who has a disability or suspect that a child, birth through age twenty(20) has a disability and this child or his/her parent(s)/legal guardian(s) resides in the district, please contact the district **IF THIS CHILD IS NOT CURRENTLY ATTENDING THE PUBLIC SCHOOL OR IS NOT RECEIVING SPECIAL SERVICES.**

If your child has been **diagnosed** with any of the following, please assist the school in identifying students by completing and return the following survey to school with your child.

Date: _____ Name of Child: _____
Age: ____ Grade: _____ Date of Birth: _____ Sex of Child: M F
Telephone: _____ Name of Parent: _____
Address: _____

- Type of Handicap (Check one or more)
- | | | |
|---|--|---|
| <input type="checkbox"/> Emotional Disorders | <input type="checkbox"/> Autism | <input type="checkbox"/> Deaf/Blindness |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Hearing Impairment and Deafness | |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Multiple Disabilities | |
| <input type="checkbox"/> Specific Learning Disability(ies) | <input type="checkbox"/> Other Health Impairment | |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Speech or Language Impairment | |
| <input type="checkbox"/> Young Child with a Developmental Delay | <input type="checkbox"/> Visual Impairment/Blindness | |