



Preschool Transmittal Letter

Date: _____
RE: _____
ID NO: _____
School: _____

FOR STATE REPORTING PURPOSES:

To be completed by school staff at each initial and annual IEP

Based on a 30-hour week, list the hours the child spends in each applicable environment:

Special education setting only	_____ (PSCB, PAC)
Educational environment greater than 50% students w/disabilities	_____ (8/4 classes; community integration classes)
Educational environment fewer than 50% students w/disabilities	_____ (private preschool, group day care, ECIP class FECEP/Head Start)
Home	_____
Service Provider	_____ (private services; e.g., SL, OT)
TOTAL	<u>30 hours</u>

Does the student receive the majority of his or her special education and related services in an educational environment with fewer than 50% students with disabilities?

Yes
 No

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.