CESI WORKSHEET FOR INSTRUCTORS

(Rev. 7/7/2008)

This worksheet is provided for instructors who prefer to capture student information before inputting into the CESI system. Do not return this worksheet to the ODCTE. Please feel free to make additional copies of this form if needed.

Teacher(s): _____ Course Name: _____

Pathway Name: _____

	Student's Name First	M I	Last	Suffix	Date of Birth (MM/DD/YY)	Social Security Number	School Identification Number	Disability	Academically Disadvantage	Economically Disadvantage	Gender	Grade	Race	Limited-English Proficiency	Migrant	Single Parent
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