

# SPECIAL EDUCATION SERVICES

Child's Full Legal Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent's Full Name \_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1. Has your child ever received services in a special education program?

\_\_\_\_ Yes (if yes, complete this form)

\_\_\_\_ No (if no, stop here)

2. Which special education program (s) is your child currently enrolled in?

\_\_\_\_ Specific Learning Disabilities (SLD)

\_\_\_\_ Hearing Impaired (HI)

\_\_\_\_ Emotional/Behavioral Disabilities (EBD)

\_\_\_\_ Orthopedically Impaired (OI)

\_\_\_\_ Speech and Language (SP/L or SLI)

\_\_\_\_ Other Health Impaired (OHI)

\_\_\_\_ Physical or Occupational Therapy (PT/OT)

\_\_\_\_ Gifted

\_\_\_\_ Mentally Handicapped (EMH, TMH, or PMH)

\_\_\_\_ Visually Impaired (VI)

\_\_\_\_ Other (Please Explain) \_\_\_\_\_

3. Was your child enrolled in the program on a

\_\_\_\_\_ Full time or \_\_\_\_\_ Part time basis?

4. At what school was your child enrolled in a special education program?

Name of School \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_