



Offices of Centralized Enrollment

SPECIAL EDUCATION ENROLLMENT QUESTIONNAIRE

Student's Name _____

Address _____
Street City, State Zip

Phone # (_____) _____

Enrolling School _____ Grade _____

Does your child have a Special Education Individual Education Plan (IEP) or 504 Plan? (circle one) Yes No

Do you have a copy of the most recent IEP or 504? (circle one) Yes No

If yes, please provide a copy to the Learning Support Office.

Did your child receive any Special Education services at their previous school? (circle one) Yes No

Previous school _____

_____ Phone # (_____) _____
City State

FAX# (_____) _____

If Yes, please indicate the type of services he/she received. (circle all that apply)

Speech OT/PT Social Work Resource Room 504 Other

Comments: _____

Parent/Legal Guardian Signature

Date

***Please note this is not a request for services, only a questionnaire of services in place upon enrollment