

RECORD OF PREVIOUS STUDENT SERVICE PROGRAMS

Student Name: _____ Birth Date: _____ Date: _____

Primary Language: _____ Grade: _____ Age: _____

Name of Previous School: _____ Name of Previous District: _____

It is important that we are aware of any special services your child may have received or programs he/she participated in at a previous school. Please provide us with the following information to ensure your child receives necessary supports.

Please check all of the following that apply to your child:

 Gifted and Talented Education (GATE) English Learner (EL) Student Study Team (SST) Counseling 504 Plan Individualized Education Program (IEP) My child did not participate in any special programs to support his/her education at his/her previous school.

Has your child ever been tested by a school psychologist to determine the need for special education intervention? _____

If yes, was your child eligible for special education services? _____

Please add any additional information which you think might be helpful in working with your child this school year:

Signature of Parent/Guardian _____ Date _____

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The Lemon Grove School District prohibits discrimination, harassment, intimidation, and bullying, based on actual or perceived race, color, ancestry, national origin, nationality, ethnicity, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, or gender expression; or association with a person or group with one or more of these actual or perceived characteristics, at any district school or school activity. Title IX Coordinator Edward Caballero ecaballero@lemongrovesd.net 619-825-5728. Equity Compliance Officer Dr. Yolanda Rogers yrogers@lemongrovesd.net 619-825-5712

Lemon Grove Learners are tomorrow's leaders, workers, and citizens.

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