

JEANNETTE CITY SCHOOL DISTRICT

1000 Lowry Avenue, Jeannette, Pa 15644

724.523.6522

Mrs. Denise Kubistek, Director of Special Education

SPECIAL SERVICES – REGISTRATION FORM

STUDENT NAME: _____

We are glad to have you as a new resident in the Jeannette City School District. In order to provide education services, it is important that we are aware of special education services the student had at the previous school.

Please complete this form so that we can better service your child.

Please check all that apply:

_____ My child **WAS NOT** in a special education program.

_____ My child **DID** have a **504 or service agreement** at a previous school.

_____ My child **WAS** in the **gifted program** at the previous school.

_____ My child **DID** have an IEP at a previous school.

Please check area/areas of exceptionality if your child currently has an IEP:

___ Learning Support

___ Speech/Language Support

___ Autistic Support

___ Hearing Support

___ Emotional Support

___ Vision Support

___ Life Skills Support

___ Physical Support

___ Multi-handicapped Support

___ Special Transportation Needs (related to disability)

___ Occupational Support

___ Neurological Impairment

___ Out of District Placement (where) _____

___ Other (please specify) _____

Parent/Guardian Signature

Date