

RECORD OF PREVIOUS STUDENT SERVICE PROGRAMS

Student's Name: _____ Birth Date: _____ Date: _____

Primary Language: _____ Grade: _____ Age: _____

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

It is important to us that we are aware of any special services your child may have received or programs he or she participated in at a previous school. Please provide us with the following information to assist us in assigning your child to the most appropriate placement.

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

- | | |
|---|--|
| <input type="checkbox"/> Gifted and Talented Education (GATE) | <input type="checkbox"/> Specialized Academic Instruction |
| <input type="checkbox"/> English Learner (EL) | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Chapter I or Title I | <input type="checkbox"/> Speech and Language Disorder |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Math | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Additional Support | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Reading Lab | <input type="checkbox"/> Autism Diagnosis |
| <input type="checkbox"/> Response to Interventions (RTI) | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Accommodations and Modifications | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Serious Emotional Disturbance |
| <input type="checkbox"/> Section 504 Plan | <input type="checkbox"/> Adaptive P.E. (APE)/Physical Therapy (PT) |
| <input type="checkbox"/> Resource Specialist Program (RSP) | <input type="checkbox"/> Speech/Language Therapy |

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 _____