



Special Services Questionnaire

Enrollment Document 4

To be completed by parent or guardian

Student Information

Student Name: _____ Grade: _____

Previous School Attended: _____

1. Has student ever received Special Education Services?

- No Yes

If yes, Please check all that apply. I do know the type of services provided.

- | | |
|---|--|
| <input type="checkbox"/> Learning Disabled (LD) | <input type="checkbox"/> Physically Impaired/Handicapped |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Autism Spectrum (ASD) |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Mentally Impaired |
| <input type="checkbox"/> Emotional /Behavioral Disorder (EBD) | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Other: _____ | |

2. Was student ever referred or tested for Special Education Services?

- No Yes

If yes, please provide the year and school where testing/referral occurred:

3. Has student received any of the following services? Check all that apply.

- 504 Plan (Reason: _____)
- Title I Support
- Reading Intervention
- Math Intervention
- School Counselor Support
- ELL (English Language Learner)
- Gifted & Talented