



## 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