

STUDENT INFORMATION/SPECIAL NEEDS NOTIFICATION FORM

Please complete both sides. Thank you.

Child's name: _____ DOB: _____ Grade: _____ as of the year 20____
Race: _____ Special Education: _____ ESL: _____
Current School: _____
School Address: _____ City: _____ Zip: _____
Principal's Name: _____ Phone: _____
Parent's Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____

My child has received or requires the following services:

- Special accommodations for a condition or disability (please describe): _____
 Medication to be administered during school (Name and Dosage): _____
 Special Nursing Care (Please describe): _____
 Allergies (Describe): _____

Student Support Services

1. What is the primary language spoken at home? _____

2. Does your child currently receive English as a second language?
Ex. ESL or Bilingual Services. Yes _____ No _____

3. Does your child currently receive Basic Skills Instruction, Title 1?
(Not applicable for Kindergarten students) Yes _____ No _____

4. Does your child currently have a 504 plan?
(Not applicable for Kindergarten students) Yes _____ No _____

5. Was your child ever in an Early Intervention (preschool) program? Yes _____ No _____

6. Has your child received any of the following support services?

_____ Speech _____ Counseling
_____ Occupational Therapy _____ Student Aide
_____ Physical Therapy _____ Other

7. Has your child ever been referred to or evaluated by a Child Study Team (CST)?
(If the answer to question 7 is "no", please skip to question 9.) Yes _____ No _____

8. Is your child currently receiving Special Education services?
If yes, what services is he/she receiving? Yes _____ No _____

_____ In class Support: State subject area(s)
_____ Resource Center: State subject area(s)
_____ Supplemental Instruction
_____ Self Contained Class

If your child has received Special Education services, please be sure to request copies of the complete evaluation and Individual Education Plan (IEP). These documents must be presented to our school in order to meet your child's needs.

9. Is there any information you would like to share with us so that we may help your child achieve his/her full potential academically, socially, emotionally or physically? _____