

Special Services Form

Name of Student _____

Current Grade Level _____

Has your child ever received service for, been tested for, or identified as having any of the special services listed below?

___ No, my child has never been identified for any special services.

___ Yes, my child has been evaluated or received special services
Please check any and all that apply.

_____ Hearing difficulty

_____ Vision difficulty

_____ Learning Disability (MFE or IEP)

_____ Developmental delay

_____ Speech Language Pathology

_____ ADD/ADHD

_____ Special Education Program

_____ Psychological testing

_____ Special Education Testing

_____ Physical Therapy

_____ Accommodation or Service Plan (504 or SEGO Plans)

_____ Gifted program

_____ Other, please specify:

Signature of Parent/Guardian

Date

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