

Special Services Information

Student Name: _____

If your child has received any other the following services in the past, please check the appropriate service so that we can provide a continuation of services as soon as possible.

Special Education

- Reading
- Math
- Written Language
- Speech
- Occupational Therapy
- Behavioral Issues

*If you checked another of the above, please complete a Consent for Mutual Exchange of Information form (available in the school office).

Title/LAP Services

- Reading
- Math

Is there anything else you'd like us to know about your child's program?

- My child has not received any remedial support in the past.