

**PARENT/GUARDIAN QUESTIONNAIRE for Special Education Services**

1. **Have you ever attended an I.E.P. (Individualized Educational Planning)**

**Committee meeting where your child/children’s eligibility for Special Education was**

**discussed?**

**Yes  No**

**If yes, where/when?** Click or tap here to enter text.

1. **Is your child currently enrolled in Special Education or received special services?**

**Yes  No**

1. **Do you have a copy of your child’s current I.E.P. (Individualized Education Plan)?**

**Yes  No**

1. **Did your child receive any other special services such as social work referrals to other resources, counseling, tutoring, etc…?**

**Yes  No**

**If yes, please explain:** Click or tap here to enter text.

1. **Do you feel your child is a candidate for Special Services?**

**Yes  No**

**If yes, please explain:** Click or tap here to enter text.

**At what phone number can you be reached?** Click or tap here to enter text.

**Student Name/Grade:** Click or tap here to enter text.