



Sand Springs Elementary



Jody Schaap ~Principal

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Record of Special Services and Health Information

In order to better serve your child, and to help us in classroom placement, please indicate any educational or health concerns that your student may have. Please check any services that your child may be receiving or has received in the past.

My child, _____, is receiving, or has received, the following special services:

- Resource Specialist Services** (Individual help for academic subjects from a special education teacher)
- Speech Therapy or Speech and Language Therapy**
- Special Day Class** (Learning handicapped, severely handicapped or communicatively handicapped special class – an all-day special class taught by a special education teacher)
- 504 plan**
- Adapted Physical Education**
- Visually Handicapped Services** (Assistance for student with visual impairments)
- Hearing Impaired Services** (Special services for students with severe hearing difficulties)
- Physical or Occupational Therapy**
- English Language Development Services**
- School Counseling**
- Other** _____

If any of the above lines are checked, please provide the school with a copy of the current IEP, goals and objectives, and qualifying information.

- None of the Above**

Was your child suspended or expelled from school during the past three years? ____ Yes ____ No
Reason: _____

List any **allergies or health** concerns we need to be aware of: _____

Parent's Signature

Date