

HISTORY OF SERVICES SURVEY (HOSS)

Student's Name _____ Grade _____

Last School Attended _____

- | | YES | NO |
|---|-----------------------|-----------------------|
| Is your child currently receiving Special Education or Resource Services? | <input type="radio"/> | <input type="radio"/> |
| Has your child ever received Special Education or Resource Services? | <input type="radio"/> | <input type="radio"/> |
| Has your child ever been tested for Special Education Services? | <input type="radio"/> | <input type="radio"/> |
| Has your child ever had a 504 Plan to accommodate a disabling condition? | <input type="radio"/> | <input type="radio"/> |

Parent's/Guardian Signature _____ Date _____

THANK YOU, WEST POINT JR. HIGH COUNSELING CENTER AND SPECIAL ED. DEPT.