

## School Programs and Education Services

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Check  
school programs and education services the student has received in the past:

- |   |  |
|---|--|
| <input type="checkbox"/> Bilingual Education              | <input type="checkbox"/> Occupational Therapy                  |
| <input type="checkbox"/> Title 1 Math                     | <input type="checkbox"/> Preschool Program<br>(Davis District) |
| <input type="checkbox"/> Special Transportation           | <input type="checkbox"/> Title 1 Reading                       |
| <input type="checkbox"/> Physical Therapy                 | <input type="checkbox"/> Speech and Language                   |
| <input type="checkbox"/> Counseling                       | <input type="checkbox"/> Resource                              |
| <input type="checkbox"/> Other (Please attach in writing) |  |
| <input type="checkbox"/> Gifted/Talented                  |  |
| <input type="checkbox"/> Special Ed. Preschool            | <input type="checkbox"/> Head Start Preschool                  |
| <input type="checkbox"/> Special Ed. Classes              | <input type="checkbox"/> Indian Ed. Assistant                  |
| <input type="checkbox"/> Special Ed. School               | <input type="checkbox"/> I.E.P. _____                          |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_