

New Student Services Form

Students Name: _____

Services your child has previously received:

SEM (Gifted Programs)

Counseling Services

Peanut Allergy

Health Care Plan

504

Other Services

Resource (IEP)

Reading O.T.

Vision Social Skills

Math P.T.

Speech

Writing Adaptive P.E. Hearing

School(s) where services were provided:

Name: _____

Address: _____

Phone: _____

My Child has not received any of the above services.

Parent/Guardian Signature: _____

Contact Phone#: _____

Date: _____

Copies to:

Student file

Teacher

Office

Other services