

Parent(s)/Guardian(s),

Please check below any services your child was receiving at his/her previous school.

ESL (English as a Second Language)  
Special Services (Speech, Language, Learning Disabilities, Emotional Disorders, etc)  
Gifted/Talented  
ADD/ADHD  
Social Worker  
Medical  
Other: Please  
Specify: \_\_\_\_\_  
\_\_\_\_\_

Are there records in your child's cumulative file that would verify and specifically explain the scope of these services? \_\_\_\_\_ YES \_\_\_\_\_NO

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Date: \_\_\_\_\_