

Special Education Enrollment Information

Today's Date: _____

Student Name: _____

Date of Birth: _____ Grade: _____

You have indicated that your child has received special education support in his/her previous district. Please answer the additional questions in order to better understand the services that your child has previously been involved in:

1. In what area did your child qualify and receive services?

- | | |
|-------------------------|------------------------------|
| Autism | Traumatic Brain Injury |
| Speech/Language | Hearing Impairment |
| Intellectual Disability | Visual Impairment |
| Orthopedically Impaired | Specific Learning Disability |
| Emotional Disability | Early Childhood |

2. Did your child receive any related services such as Occupational or Physical Therapy, Assistive Technology, Transportation, etc.?

3. Does your child have any special equipment needs? Explain.

4. Do you have a current IEP (individual Educational Program) and Evaluation?

If so, please provide us with a copy. This will help meet your child's needs.