

## 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/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_