

Education Services Questionnaire

Student Name:

Has your child ever received any special education services? Yes No If yes (what grade)

Does your student currently have an IEP? Yes No

Please check the type of service received:

Speech Services

Occupational Therapy

Resource Room

Special Day Class Services

Chapter/LAP

Gifted

Remedial

English as a Second Language

Other

Has your student completed a Washington State History Course?

If yes, location and date complete