MARPLE NEWTOWN SCHOOL DISTRICT

New Student Special Education Verification Form

Student's Name: _____
(Please Print)

I certify that my child _____

☐ is not now, nor has previously been identified as a Special Education Student.

☐ has been previously identified as a Special Education Student with an IEP, but is no longer classified as a Special Education Student.

☐ has been identified as a Special Education Student and was receiving services through an IEP in their previous school.

Date of current IEP: _____

Date of Evaluation Report: _____

☐ has been receiving services through a 504 Agreement at their previous school.

_____ _____
(Signature of Parent/Legal Guardian) (Date)

_____
(Print Name of Parent/Legal Guardian)

Distribution: *School, Special Education Department*
Student Number:
Building: _____