

# Special Education Enrollment Form

Today's Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

You have indicated that your child has received special education services 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 for and receive services?**

<input type="checkbox"/> Autism	<input type="checkbox"/> Orthopedic Disability
<input type="checkbox"/> Blind & Visually Impaired	<input type="checkbox"/> Other Health Impairment
<input type="checkbox"/> Deaf & Hard of Hearing	<input type="checkbox"/> Significant Developmental Delay
<input type="checkbox"/> DeafBlind	<input type="checkbox"/> Speech & Language Impairment
<input type="checkbox"/> Emotional Behavioral Disability	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Traumatic Brain Injury

**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. Does your child have a current IEP (Individual Educational Program) and Evaluation?**

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