

Mercer Area Elementary School  
*Registration Placement Information*

\_\_\_\_\_  
 Name of Student

\_\_\_\_\_  
 Grade Entering

\_\_\_\_\_  
 Today's Date

Please circle the appropriate response:

- |  |     |    |
|--|-----|----|
| 1. Has your child ever been evaluated by the School Psychologist?      | Yes | No |
| 2. Does your child have an IEP-Individual Education Plan (not gifted)? | Yes | No |

If yes to #2, your child's primary disability is:

- |                       |                                       |
|-----------------------|---------------------------------------|
| Autism                | Orthopedic Impairment                 |
| Deafness              | Other Health Impairment               |
| Deaf-blindness        | Specific Learning Disability          |
| Emotional Disturbance | Speech or Language Impairment         |
| Hearing Impairment    | Traumatic Brain Injury                |
| Mental Retardation    | Visual Impairment including Blindness |
| Multiple Disabilities |                                       |

- |  |     |    |
|--|-----|----|
| 3. Does your child have a GIEP (Gifted)?   | Yes | No |
| 4. Did your child participate in a Title I Program at the previous school?   | Yes | No |
| 5. Does your child have a 504 Plan under Chapter 15?   | Yes | No |
| 6. Did your child qualify for a free or reduced lunch at the previous school?  | Yes | No |
| 7. Does your child receive any mental health services?<br>(i.e. individual counseling, wrap around/TSS, mobile therapy or other) | Yes | No |

If yes, Agency's name - \_\_\_\_\_

8. Please list every school your child has attended since the age of 5.

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