

## STUDENT SERVICES QUESTIONNAIRE

School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

### 1. Did your child receive any special help at his/her last school?

- |   |   |
|---|---|
| <input type="checkbox"/> Special Education (RSP, Speech, Special Day Class placement) | <input type="checkbox"/> Help to improve attendance |
| <input type="checkbox"/> Bilingual Services   | <input type="checkbox"/> Help to improve behavior   |
| <input type="checkbox"/> Counseling   | <input type="checkbox"/> Homeless Services          |
| <input type="checkbox"/> Student Success Team Meeting                                 | <input type="checkbox"/> Tutoring                   |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> 504 Accommodations         |

### 2. Has your child ever been retained (held back)?

- Yes  No **If yes**, what grade? \_\_\_\_\_

### 3. Has your child ever been expelled?

- Yes  No **If yes**, for what reason? \_\_\_\_\_

What district? \_\_\_\_\_

Is the expulsion cleared?  Yes  No

### 4. Where is your child/family currently living? (Check **one** box only.)

This information will be used to determine if your child qualifies for any additional assistance under the No Child Left Behind Act of 2001.

- In a single family residence
- With more than one family in a house or apartment due to economic hardship
- In a shelter or transitional housing program
- In a motel, car or campsite
- In a foster care placement
- Other: \_\_\_\_\_

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Parent/Guardian Signature

Date

**Thank you for taking the time to fill out this form. We look forward to working with you to help your child be successful in school!**