

Child Services Survey

Child's Name _____ Grade _____

Address _____

Phone Number _____ Home Cell Work (circle)

***Please check all that apply:

_____ My child has not received special services

_____ My child received special services from our previous school

_____ My child currently has an IEP from our previous school
(Please attach a copy of the IEP to this page)

The ruling for my child is in the following area(s):

_____ Hearing Impaired

_____ Speech

_____ Resource Specific Learning Disability (SLD) _____

_____ Other (please specify) _____

Parent's Signature _____ Date _____

**If you do not have a copy of the IEP please fill out the information below:*

Previous School Name _____

School Address _____

City _____ State _____

Phone Number _____

Contact person at school _____