

## 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 \_\_\_\_\_