



SPECIAL SERVICES FORM (Special Education and Gifted Education)

Today's date: _____

Student name: _____

Grade: _____

Special Education

Has your child ever received Special Education services? ☐ Yes ☐ No

Does your child have a 504 plan? (Disability requiring only reasonable accommodations) ☐ Yes ☐ No

Has your child had an evaluation in the past 3 years?
(E.T.R/Evaluation Team Report is an assessment of your child in all areas related to suspected disability) ☐ Yes ☐ No

If YES:

What was the date of the ETR evaluation? _____ (Attach a copy)

What is the disability category? _____

If yes, is there a current Individualized Education Plan? ☐ Yes ☐ No
(If YES, attach a copy)

Is your child ambulatory? ☐ Yes ☐ No

If NO:

Please list below the equipment your child utilizes (wheelchair, stander, etc.):

Does your child have nursing care? ☐ Yes ☐ No

Gifted Education

Has your child been identified as gifted? ☐ Yes ☐ No

Did your child receive gifted services at a prior school? ☐ Yes ☐ No

If YES:

Please list date of placement in gifted program: _____

Please list the state in which your child was identified as gifted: _____

In what areas was your child identified as gifted? ☐ Superior Cognitive ☐ Creative Thinking

☐ Visual and Performing Arts ☐ Specific Academic

If SPECIFIC ACADEMIC, please check the areas identified as gifted:

☐ Math ☐ Reading ☐ Science ☐ Social Studies

Additional information about your child that could help in placing him/her: _____

Parent/Guardian Signature: _____

Date: _____