



# HERRICKS PUBLIC SCHOOLS

Education Today  
Knowledge Forever

## Questionnaire for Children with Special Needs

Name of Child \_\_\_\_\_ School \_\_\_\_\_

Does your child have any handicapping conditions?  Yes  No

Has your child received any special education services?  Yes  No

If yes, what services has your child received?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a current IEP (Individualized Education Program)?  Yes  No

If YES, please upload/provide a copy of the current IEP and indicate below what current program and services are recommended for your child:

Program: \_\_\_\_\_

Related Services: \_\_\_\_\_

\_\_\_\_\_  
Mother / Person in Parental Relation  
(Please print)

\_\_\_\_\_  
Father / Person in Parental Relation  
(Please print)

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Business Number: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

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