



## New Student Special Services Registration Form

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Has your child ever been evaluated for special education services?  Yes  No (If no, stop here)

2. Which school conducted your child's initial evaluation for special education eligibility?

School: \_\_\_\_\_ City, State: \_\_\_\_\_

3. Has your child received special education services in the past?  Yes  No

4. Does your child currently receive special education services?  Yes  No (If no, stop here)

4a. Please check the services your child is currently receiving:

Special Education Instruction

Speech-Language

Counseling Services

School-Based Occupational Therapy

School-Based Physical Therapy

Behavioral Support Services

Other (please describe)

5. If there is any other information you'd like us to know that would assist in your child's transition to our school, please write it below:

If your child is currently receiving special education services and you have a copy of your child's Individualized Education Program (IEP) and latest evaluations, please provide us with a copy.