



Special Services Form

Name of Student _____

Current Grade Level _____ Date _____

Has your child ever received services for, been tested for, or identified as having any of the special services listed below?

___ No, my child has never been identified for any special services.

___ Yes, my child has been evaluated or received special services in the following area(s):
Please check any and all that apply.

___ Hearing difficulty

___ Vision difficulty

___ Learning Difficulty (MFE or IEP)

___ Developmental Delay

___ Speech Language Pathology

___ ADD/ADHD

___ Special Education Program

___ Psychological testing

___ Specialized Educational Testing

___ Physical Therapy

___ Accommodation or Service Plan (504 or SEGO Plans)

___ Gifted Program

___ Other, please specify:

Signature of Parent/Guardian

Date