

School History

- Does your child receive special education services or have an IEP? _____ Yes _____ No
- Does your child have a Section 504 Plan (Accommodation Plan)? _____ Yes _____ No
- Does your child receive Academic Intervention Services (Remedial)? _____ Yes _____ No

• Fill in the date your child first entered school: _____ / _____ / _____
Month Day Year

_____ Nursery School _____ First Grade
_____ Kindergarten _____ Special Class (Specify) _____

• Which program is your child presently in: _____ Honors _____ Accelerated

• Has your child ever been evaluated by a Neurologist, Psychologist, or other (Specify)? _____

• Has your child ever repeated a grade? _____ If so, which: _____

• Has your child ever been referred to any outside agency? _____ No _____ Yes (If yes, please specify, e.g., Counseling, Probation, Big Brothers/Big Sisters, _____

• In your opinion, what are your child's educational strengths and special needs? _____

• List all the schools that your child has attended:

<u>School Name</u>	<u>City</u>	<u>Grade Level</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other

• Describe any medical conditions your child may have:

Please sign the following statement: (or it has been read to me):

• I have read the preceding page and have answered all the questions to the best of my knowledge.

Parent/Guardian Signature Date: _____

Relationship to child: _____