

Hill Elementary School

Student's Name: _____ Grade: _____

Previous School: _____

In order for Hill Elementary School to meet the individual education needs of your child, please indicate which of the following services the student was receiving at their previous school.

_____ My child did not receive any special services. If your child did not receive any of the following services, then please proceed to the parent signature.

MY CHILD RECEIVED THE FOLLOWING SERVICES:

_____ Speech

_____ Gifted and Talented (Please circle the following subject areas with Gifted and Talented identification:

Math

Science

Language Arts

Social Studies

_____ I have a copy of my child's Gifted and Talented identification

_____ Please contact _____ Elementary School to verify Gifted and Talented records

_____ ESL (English as a Second Language) Services

_____ Bilingual Classes

MY CHILD RECEIVED EXTRA SUPPORT IN:

_____ Math

_____ Writing

_____ Reading

_____ Science/Social Studies

IDENTIFIED SPECIAL EDUCATION:

_____ Inclusion in general education classroom

_____ Pull out from general education classroom (i.e., Resource, Content Mastery, etc.)

_____ PPCD Preschool Program for Children with Disabilities)

_____ SCORES (Autism)

_____ SBS (Behavior and/or emotional support)

_____ I have a copy of my child's Individualized Education Plan (IEP)

IDENTIFIED 504:

_____ Dyslexia

_____ ADHD/ADD

_____ Dysgraphia

_____ Other: _____

Parent Signature: _____ Date: _____