



## SPECIAL SERVICES REGISTRATION FORM

Student Name: \_\_\_\_\_ Entrance Grade: \_\_\_\_\_

***Please check the appropriate box(es) below indicating your child's status for Special Services:***

My child has an IEP or 504 Service Agreement on file at the previous school attended and has received the following documented special services:

- |   |   |
|---|---|
| <input type="checkbox"/> Autistic Support             | <input type="checkbox"/> Occupational Therapy         |
| <input type="checkbox"/> Learning Support             | <input type="checkbox"/> Physical Therapy             |
| <input type="checkbox"/> Gifted Support               | <input type="checkbox"/> Nursing Support              |
| <input type="checkbox"/> Vision Support               | <input type="checkbox"/> Assistive Technology         |
| <input type="checkbox"/> Life Skills Support          | <input type="checkbox"/> Special Transportation Needs |
| <input type="checkbox"/> Speech/Language Support      |   |
| <input type="checkbox"/> Hearing Support              |   |
| <input type="checkbox"/> Emotional Support            |   |
| <input type="checkbox"/> Other (please specify) _____ |   |

My child has a Multidisciplinary Evaluation (MDE) in progress.

My child has completed the following evaluation(s) and did/did not qualify for special services:

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My child has not received any special services nor been evaluated for such services.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date