

INDIAN TRAIL INTERMEDIATE SCHOOL
VERIFICATION OF SPECIAL EDUCATION STATUS

STUDENT _____ GRADE _____

LAST SCHOOL ATTENDED _____ BIRTHDATE _____

SCHOOL ADDRESS _____

SCHOOL PHONE _____ SCHOOL FAX _____

PLEASE READ AND RESPOND TO THE FOLLOWING QUESTIONS.

1. IS YOUR CHILD CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES?

YES _____ NO _____ IF YES, PLEASE DESCRIBE _____

2. HAS YOUR CHILD PREVIOUSLY BEEN IN A RESOURCE ROOM OR RECEIVED HELP FROM A RESOURCE TEACHER? YES _____ NO _____

IF NO, CONTINUE.

3. HAS YOUR CHILD EVER BEEN EVALUATED, INCLUDING A PSYCHOLOGICAL, TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION SERVICES? YOUR SIGNED PERMISSION WOULD HAVE BEEN REQUIRED. YES _____ NO _____

IF NO, STOP.

IF YES, CONTINUE.

4. AS A RESULT OF A PSYCHOLOGICAL EVALUATION, HAVE YOU EVER BEEN TOLD THAT YOUR CHILD HAS SPECIFIC LEARNING DISABILITIES OR OTHER LEARNING PROBLEMS?

IF YES, PLEASE DESCRIBE _____

PRINTED NAME OF PARENT/GUARDIAN _____ DATE _____

PHONE NUMBERS _____