



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 identified for special services.

Please check any and all that apply.

_____ Hearing loss

_____ Impaired Vision

_____ Speech Language Disability

_____ Developmental Delay/s

_____ ADD/ADHD

_____ Psychological Evaluation

_____ Occupational Therapy

_____ Learning Disability

If your child has an IEP, 504 Plan, or Accommodation Plan please give the date of the most recent plan: _____

If there are any other services or accommodations your child has received, please describe them here:

Signature of Parent/Guardian

Date