

Special Education, ELL/LEP & Title 1 Form

(Please circle yes, no, or not sure)

- 1. Student Name: _____
- 2. Student Date of Birth: _____
- 3. Student Grade (2018-19 school year): _____
- 4. Has your child ever received special education services? Yes or No
If yes please describe services:

- 5. Does your child have an IEP or 504 Plan? Yes or No or Not Sure
If yes or not sure please describe: _____

- 6. Has your child ever received or is currently participating in ELL/LEP services? Yes or No
If yes please describe:

- 7. Has your child ever received or currently participating in Title 1 services? Yes or No or Not Sure
If yes or not sure please describe:

- 8. Please list any questions or concerns you have regarding the above services for your child:

(Feel free to utilize writing space on the back of this page or attach another.)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Today's Date: _____