



# Student Registration Special Services Survey

Student's Name: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Please check one:***

\_\_\_\_\_ Transferring from within state

\_\_\_\_\_ Transferring from out of state

\_\_\_\_\_ Previously refused services but wants to return to Special Education/Gifted services

***Please check appropriate blanks and sign below:***

\_\_\_\_\_ Student was receiving or was eligible to receive the following special education services:

\_\_\_\_\_ 504

\_\_\_\_\_ Special Education Teacher

\_\_\_\_\_ Speech Therapy

\_\_\_\_\_ Talented Education Teacher

\_\_\_\_\_ Physical Therapy

\_\_\_\_\_ Gifted Education Teacher

\_\_\_\_\_ Occupational Therapy

\_\_\_\_\_ Adapted Physical Education

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Student was not receiving nor was eligible to receive any of the services listed above.

\_\_\_\_\_ I am not sure if student was receiving or eligible to receive any of the services listed above.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**