

Special Education Information Sheet

Is student now or have they ever been in Special Ed?

YES NO

If Yes...

(Please supply as much information as possible)

Student's Name _____ Birthday _____

Last School Attended:

School: _____

Was this a: Regular Public School Alternative School Placement

Address: _____

City/State: _____

Phone: _____

Special Ed. Case Manager: _____

Student was found eligible for special ed. due to:

Mental Retardation

Hearing Impairment

Visual Impairment

Learning Disabilities

Communication Disorder

Emotional Disturbance

Orthopedic Impairment

Traumatic Brain Injury

Deaf Blindness

Other Health Impairments

Autism

Developmentally Delayed

Are you the legal guardian of this student? _____

Day time phone number where we can contact you: _____

Are there any other agencies involved? SCF, Law Enforcement, ... _____

Primary language spoken in the home: _____

Yes or No... *Please Sign and Date*

(Signature of Student's Parent or Guardian)

(Date)