

REYNOLDSBURG CITY SCHOOLS



SPECIAL EDUCATION SERVICES

Please complete this form even if your student does not receive services

Student Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____ Last District Attended: _____
(printed)

1. Has your child EVER received Special Education service(s) in the past? YES NO

Parent Signature: _____

2. Does your child receive Special Education service(s) now? YES NO

Parent Signature: _____

If NO to questions 1 & 2, skip to final signature block

Did you bring copies of paperwork? IEP (annual plan) YES NO

ETR (evaluation) YES NO

If you do not have your child's IEP & ETR, please note that services cannot continue until current IEP & ETR are received from the student's previous school.

Parent Signature: _____

Eligibility area (disability): _____

Type of service: Inclusion
 Pull out
 Other _____

Related services? YES NO Type: _____

I ATTEST TO THE FACT THAT ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE

X _____
Signature of Custodial Parent/Guardian

Date