



HISTORY OF SERVICES

Students Name: _____ Grade _____

Last School Attended: _____

| | Yes | No |
|--|--------------------------|--------------------------|
| Is your child currently taking any online classes, home-school classes, or taking classes elsewhere? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your child currently receiving Special Education or Resource Services? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever received Special Education or Resource Services? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever been tested for Special Education Services? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever had a 504 Plan to accommodate a disabling condition? | <input type="checkbox"/> | <input type="checkbox"/> |

Parent/Guardian Signature _____ Date _____