

Student's Name: _____
 Student ID#: _____
 Grade: _____

For Office Use Only: Enrollment Date: _____ Teacher: _____
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Student History Form

Welcome to our community and our school family. We are looking forward to working with your child. The information requested below will help us provide any programs or services that your child is eligible to receive in a timely fashion.

To better serve your child, please answer the following:

Program	Please Circle One	School Year(s)	Please check all that apply.
Has your child been evaluated for Special Education Services? School: _____	Yes No N/A		
Has your child received Special Education services?	Yes No N/A		<input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Content Mastery <input type="checkbox"/> Speech
Has your child been eligible for §504 accommodations? If yes, what is the documented disability?	Yes No N/A		
Has your child participated in a Gifted and Talented program?	Yes No N/A		
Has your child been considered for or participated in a language program?	Yes No N/A		<input type="checkbox"/> English as a Second Language (ESL) <input type="checkbox"/> Bilingual Ed
Has your child received instructional assistance in addition to regular classroom instruction?	Yes No N/A		<input type="checkbox"/> Reading <input type="checkbox"/> Dyslexia <input type="checkbox"/> Math <input type="checkbox"/> Summer School
Was your child in a disciplinary alternative education program (DAEP) when you withdrew from the previous school or is your child currently under an expulsion order? If yes, please explain:	Yes No N/A		
Does your child need to wear glasses in school?	Yes No N/A		
Has your child ever been retained (held back) a grade? If yes, which grade?	Yes No N/A		

Additional comments or concerns:

Parent Signature: _____ Date: _____