



**2019-2020 SPECIAL EDUCATION INFORMATION FORM**

Student’s Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Is your child currently receiving Special Education Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever received Special Education Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been evaluated for Special Education Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If you checked “NO” to all questions above, please skip the next section and sign the form at the bottom.

If you checked “YES” to any of the question above, please complete the form below.

This information is **not** considered in making enrollment decisions. Pointe Schools is committed to providing all eligible students with services upon enrollment and this information is requested solely for purposes of ensuring continuity of services upon enrollment. *Therefore, in order for your child’s file to be complete, you must attach a current copy of your child’s 504 plan or IEP and Psychological records (or the official determination that your child no longer qualifies for services).* Once the Special Education Director has reviewed the paperwork, he/she will call you to set up a meeting.

Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Date/Grade of IEP (if possible): \_\_\_\_\_

Please read the categories below and check all that apply to your child:

- \_\_\_ Hearing Impaired (HI)                      \_\_\_ Current Behavior Plan                      \_\_\_ Visual Impairment
- \_\_\_ Emotional Disability (ED)                      \_\_\_ Speech/Language Impairment                      \_\_\_ MIMR
- \_\_\_ Orthopedic Impairment                      \_\_\_ 504 Plan                      \_\_\_ ELL
- \_\_\_ Attention Deficit Disorder                      \_\_\_ Occupational Therapy                      \_\_\_ Autism (A)
- \_\_\_ Specific Learning Disability (SLD)                      Other (Specify) \_\_\_\_\_
- \_\_\_ Math \_\_\_ Language \_\_\_ Reading

I understand that Pointe Schools must have access to my child’s special education records, including evaluations, Multidisciplinary Evaluation Team records, Individualized Education Plans, and other records in order to provide my child with a Free and Appropriate Education. I also understand that intentionally providing false information or failing to disclose information is a falsification of facts and may result in the school filing Due Process and/or my child being withdrawn from school.

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

\_\_\_\_\_  
Date