

LAST NAME: _____ FIRST: _____ GRADE: _____

UNION DAY SCHOOL
STUDENT NEEDS & SERVICES INFORMATION
(All Parents Must Complete)

1) Has your child ever been tested for Special Education Services?

PLEASE CIRCLE THE APPROPRIATE RESPONSE:

YES NO

2) Does your child currently have an IEP (Individualized Education Plan)?

PLEASE CIRCLE THE APPROPRIATE RESPONSE:

YES NO

3) Please CIRCLE any/all services that your student currently receives:

Resource Room/Pull Out Services

Inclusion/Push In Services

Speech Services

Occupational Therapy

Physical Therapy

Self Contained Classroom

One on One Aide

4) Is your child protected by the McKinney-Vento Homeless Act?

YES NO

***** If applicable*****

PLEASE attach a copy of your child's current IEP to this form upon completion