



Special Education Services Information

Student's Name _____

Parent's Name _____

Has your child ever received school-provided special education services?

Yes No

Please check all services your child has received in the past or is receiving at his or her present school. Attach additional sheets if necessary.

Support Services:

- ___ 504 Plan
- ___ Speech Therapy
- ___ Occupational Therapy
- ___ Physical Therapy
- ___ Social Work
- ___ Assistive Technology
- ___ English as a Second Language
- ___ Title IA/31a Services
- ___ Behavior Plan
- ___ Other:

Special Education:

- ___ Specific Learning Disability
- ___ Emotional Impairment
- ___ Cognitive Impairment
- ___ Physical Impairment
- ___ Other Health Impairment
- ___ Autism Spectrum
- ___ Visual Impairment
- ___ Hearing Impairment
- ___ Early Childhood Dev. Delay
- ___ Speech/Language Impairment
- ___ Severe Multiple Impairment
- ___ Traumatic Brain Injury

Service Delivery:

- ___ Self-Contained Classroom
- ___ Resource Room Pull-Out
- ___ Resource Room Push-In
- ___ Co-Taught Courses
- ___ TC Support Only

Date of last IEP:

Date of last REED:

NOTE: Pansophia Academy's Special Education services are provided in a resource room setting. Any other special education services will be provided by the Branch Intermediate School District and may require placement of the student at another location.