

**DOES YOUR CHILD HAVE AN IEP OR RECEIVE SPECIAL EDUCATION SERVICES?**

Student's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School attending: \_\_\_\_\_

Student's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School attending: \_\_\_\_\_

Parents' name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street number) (street name)

Previous school attended: \_\_\_\_\_  
(school)

\_\_\_\_\_  
(school address) Phone: \_\_\_\_\_