



Record of Special Education/Supplementary Supports and Programs

Has your child ever received Special Education Services? YES NO Not sure

Do you have a copy of their current IEP? YES NO

Does your child have a 504? YES NO Not sure

Do you have a copy of their current 504? YES NO

***** The sooner we have hard copies, the sooner we can provide the correct services*****

Is the IEP or 504 from out of the State of California? YES NO

Name of the previous school: _____

City and State: _____

Child's name: _____

Birthdate: _____ Grade: _____

Previous grade level: _____

Was you student in a general class room, separate/smalls setting: _____

Student strengths: _____

Student's area of need(s): _____

Adiitonal supports your student needs:

Parent/ Guardian Signature

Date

FOR OFFICE USE ONLY

Counselor:

Case Manager Assignment: _____

IEP/ 504 Requested by: _____ Date of Request: _____

Received date: _____