

Child Services Survey

Child's Name _____

Grade _____

Address _____

Phone Number _____

***Please check all that apply

_____ My child has not received special services.

_____ My child received special services from our previous school.

_____ My child currently has an IEP from previous school.
(Please attach a copy of the IEP to this page)

Parent's Signature

Date

* If you do not have a copy of the IEP, please fill out the information below:

School Name _____

School Address _____

City _____ State _____ Zip _____

School Phone Number _____

School Fax Number _____

Contact Person at School _____