



**ST. VINCENT
DE PAUL**
CATHOLIC SCHOOL

Special Services Form

STUDENT EDUCATIONAL BACKGROUND FORM (To be completed by parent/guardian)

Name of student: _____ Age: _____

Previous school/program: _____ Grade/level: _____

Has your child ever been referred, evaluated, and/or placed in a Special Education Program? Y N
If Yes, please complete Box A.

Does your child have a/an: IEP (Individualized Education Program)
 ISP (Individual Service Plan)
 Section 504 Plan

Box A

- Early Childhood
- Emotionally Disturbed
- Educable Mentally Handicapped (EMH)
- Trainable Mentally Handicapped (TMH)
- Severe/Profound
- Physically Handicapped
- Hearing Impaired
- Visually Impaired
- Cross Categorical
- Learning Disability Self-Contained
- Direct Service
- Inclusion Classroom
- Consult Service
- Other individualized instruction as explained below:

MEDICATION & CONDITION

DOSAGE & DOCTOR

SPECIAL THERAPIES:

- Speech
- Occupational Therapy
- Physical Therapy

To the best of my knowledge, the information given above regarding my child's educational background is accurate and complete. I understand that St. Vincent de Paul School does not offer Special Education Programs/Therapies/Services and, therefore, may not be able to meet my child's special education needs.

Parent/Guardian Name: _____ Date: _____

Adopted: March, 2014