



Student Educational Background Form

Name of Student: _____ Age: _____

Previous School/Program: _____ Grade/Level: _____

Please share any educational background on your child that would help them be successful:

Has your child ever been referred, evaluated, and/or placed in a Special Education Program or received Special Therapies?

No If no, please sign the bottom of the form.

Yes If Yes, please complete the following questions and sign below.

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

*To complete registration, please provide school with official copy of your student's plan.

- 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

Services provided through: _____

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 Catholic 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: _____