



SOUTH CLEARFIELD

Record of Special Services and Health Information

In order to better serve your child, and to help us in classroom placement, please indicate any educational or health concerns that your student may have. Please check all services that your child is receiving or has received in the past.

My child, _____, is receiving, or has received, the following special services:

_____ **Resource (IEP)** (Individual help for academic subjects from a special education teacher)

_____ Reading

_____ O.T.

_____ Math

_____ P.T.

_____ Writing

_____ Adaptive PE

_____ Social Skills

_____ Hearing Impaired

_____ **Speech / Language Therapy (IEP)**

_____ **504 plan**

_____ **Hearing Impaired Services** (Special services for students with severe hearing difficulties)

_____ **ESL Services**

_____ **School Counseling**

_____ **SEM (Gifted Programs)**

_____ **Other** _____

If any of the above lines are checked, please provide the school with a copy of the current IEP, goals and objectives, and qualifying information.

School(s) where services were provided:

Name: _____

Address: _____

_____ **My child has not received any of the above services.**

List any **allergies or health** concerns we need to be aware of: _____

Parent's Signature _____

Date: _____