

## **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) (Indivi	dual help for academic subjects from a special education teacher)
Reading	O.T.
Math	P.T.
Writing	Adaptive PE
Social Skills	Hearing Impaired
Speech / Language Tl	nerapy (IEP)
504 plan	
Hearing Impaired Ser	vices (Special services for students with severe hearing difficulties)
ESL Services	
School Counseling	
SEM (Gifted Programs	s)
Other	
If any of the above lines are cl goals and objectives, and qual	necked, please provide the school with a copy of the current IEP, lifying information.
School(s) where services wer	e provided:
Name:	
Address:	
My child has not rece	ived any of the above services.
List any <b>allergies or health</b> o	concerns we need to be aware of:
Parent's Signature	Date: