SPECIAL SERVICES FORM

(ONE PER STUDENT)

Hayfield Community Schools ISD #203 9 Sixth Avenue SE Hayfield, MN 55940

Stude	nt:						
	(Last)			(First))	(Middle)	
Grade	•						
Graac							
1.	. Yes No Has your chil			d ever received Special Education services?			
2.	Yes	s No Does your child have a current IEP?					
	Please check all that apply:						
				Speech	icck all tria		
				Reading			
				Math			
				Behavior			
				Other			
5. 6. 7. 8.	Yes Yes Yes Yes	No No No	Has your child Has your child Has your child Has your child Has your child	Does your child have a current 504/District Accommodation Plan? Has your child had any reading or math problems? Has your child received Title I services? Has your child received counseling services? Has your child had any behavior or social adjustment problems? Has your child had any health or physical problems of concern to the school? Please explain:			
	Parent/Guardian Signature:					Date:	
				For	Office Use On	nly	
	Princi	pal Si	gnature:			Date:	
	Spec Ed Coor. Signature:					Date:	