
SPECIAL SERVICES FORM

(ONE PER STUDENT)

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

Student: _____
(Last) (First) (Middle)

Grade: _____

1. Yes No Has your child ever received Special Education services?
2. Yes No Does your child have a current IEP?

Please check all that apply:

Speech	
Reading	
Math	
Behavior	
Other	

3. Yes No Has your child ever had a 504/District Accommodation Plan?
4. Yes No Does your child have a current 504/District Accommodation Plan?
5. Yes No Has your child had any reading or math problems?
6. Yes No Has your child received Title I services?
7. Yes No Has your child received counseling services?
8. Yes No Has your child had any behavior or social adjustment problems?
9. Yes No Has your child had any health or physical problems of concern to the school? Please explain:

Parent/Guardian

Signature: _____ Date: _____

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For Office Use Only

Principal Signature: _____ Date: _____

Spec Ed Coord. Signature: _____ Date: _____