



SPECIAL SERVICES SURVEY

PP-125

Student's Name _____ Grade _____

Last School Attended _____

Address _____

Circle one per question

Yes No 1. Has your child ever attended Suffolk Public Schools? If yes, please list name of school and dates attended:

Yes No 2. Has your child ever received special education services? If yes, please circle: LD, EMR, ED, Speech, Hearing, Vision, Other: if other, please state:

Yes No 3. Has your child ever been enrolled in any gifted and talented classes? List the type of gifted class: _____

Yes No 4. Has your child ever had or does he/she currently have a 504 plan?

Yes No 5. Has your child ever repeated a grade? If so, which one(s)? _____

Yes No 6. Are there any court orders (custody papers, protective orders, criminal petitions, etc.) involving this child? (If so, please provide us a copy.

Yes No 7. Are you the custodial parent or the legal guardian of this child?

Please note any additional information that would enable us to work with your child more effectively:

Parent's Signature _____

Date _____

Revised 11/19