

REYNOLDS SCHOOL DISTRICT
SPECIAL EDUCATION QUESTIONNAIRE

STUDENT'S NAME: _____ Grade: _____

- 1 Is this student currently receiving special education services? Yes No
- 2 Does this student currently have an IEP (Individual Educational Plan)? Yes No
- 3 Does this student currently have a 504 Plan? Yes No
- 4 Is this student currently receiving speech services? Yes No
- 5 Is this student currently receiving occupational therapy? Yes No
- 6 Is this student currently receiving physical therapy? Yes No
- 7 Does this student currently have a wraparound? Yes No
- 8 Does this student currently have a gifted IEP (GIEP)? Yes No
- 9 Is this student currently receiving Title I Math services? Yes No
- 10 Is this student currently receiving Title I Reading services? Yes No
- 11 Is this student currently pulled out of the regular education classroom for any other services? Yes No

If yes, what?

Parent/Guardian Signature

Date

School Employee Signature Completing Verification

Date