

PRESCOTT UNIFIED SCHOOL DISTRICT #1
SPECIAL EDUCATION & SUPPORT SERVICE
QUESTIONNAIRE

STUDENT'S NAME: _____ BIRTH DATE: _____

PUSD SCHOOL: DISC. GARD. AJ LN TH GMMS PMHMS PHS
(CIRCLE ONE)

HAS YOUR CHILD RECEIVED ANY OF THE FOLLOWING SERVICES WITHIN THE PAST
TWO YEARS? DOES YOUR CHILD CURRENTLY HAVE AN IEP (Individual Educational Plan) ?
Yes/No PLEASE CHECK ANY THAT ARE APPLICABLE:

- _____ SPECIAL EDUCATION
- _____ RESOURCE ROOM
- _____ SPEECH/LANGUAGE THERAPY
- _____ PHYSICAL/OCCUPATIONAL THERAPY
- _____ COUNSELING
- _____ LEARNING DISABILITY CLASSROOM
- _____ CLASSROOM FOR EMOTIONAL/BEHAVIOR PROBLEMS
- _____ ADAPTIVE P.E.
- _____ SELF-CONTAINED CLASSROOM
- _____ ENGLISH AS A SECOND LANGUAGE (ESL)
- _____ ENGLISH LANGUAGE LEARNER (ELL)
- _____ HEARING OR VISION SPECIAL SERVICE
- _____ SPECIAL EDUCATION PRESCHOOL SERVICE
- _____ RESIDENTIAL PLACEMENT
- _____ ALTERNATIVE SCHOOL
- _____ VOCATIONAL SPECIAL EDUCATION
- _____ PROBATION/LEGAL/JUVENILE PROGRAMS
- _____ SECTION 504 PLAN
- _____ GIFTED AND TALENTED PROGRAM
- _____ OTHER