



# Salmon River Jr/Sr High School Student Service Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last, First, Middle

1. Has your child ever received Special Education Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

When? \_\_\_\_\_

Where? \_\_\_\_\_

2. Was your child receiving Special Education services at their last school at time of withdrawal?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Does your child have a 504 Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. If you answered "yes" to any of the above questions, please check all services that your child received:

\_\_\_\_\_ Special Education/Resource Room Services \_\_\_\_\_ Speech/Articulation Therapy

\_\_\_\_\_ Language Therapy \_\_\_\_\_ Occupational Therapy

\_\_\_\_\_ Physical Therapy \_\_\_\_\_ Education of the Hearing Impaired

\_\_\_\_\_ Counseling Services

\_\_\_\_\_ Other: \_\_\_\_\_

5. Was your child receiving Gifted/Talented services at their last school at the time of withdrawal?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

6. Was your child receiving ELL (English language Learner) or ESL (English as a second language) services at their last school at time of withdrawal? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Has your child been expelled from public or private school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature

Date