

SERVICES AND PROGRAMS

Checklist for New Students

Child's Name: _____

If your child had services or was involved in certain programs in the past year, we want to know in order to better serve your child. Please check those that apply.

- Home Language: _____
 - No English
 - Both another language and English
- Migrant Education
- Native Youth. Tribe, Band or Group: _____
- McKinney-Vento Program/Foster Care Student
- Talented and Gifted
- Title I
 - Reading
 - Math
- Individualized Education Plan (I.E.P.)
 - Reading
 - Math
 - Written Language
 - Speech/Language Services
 - Emotional Disturbed
 - Physical/Occupational Therapy
 - Adaptive P.E.
- English Language Learner (ELL/ESL)
- Behavior Support
- Hearing
- Vision
- Counseling
- Head Start
- Other (please describe): _____