



Name of Student: \_\_\_\_\_  
Last First

Date of Application: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Please check all that are applicable:

| <b>Services</b>                                 | <b>No Services</b> | <b>Receiving in Current School Year</b> | <b># of times Weekly</b> | <b>Will Receive Next Year</b> | <b># of times Weekly</b> |
|---|--------------------|---|--------------------------|-------------------------------|--------------------------|
| Speech & Language Therapy                       |                    |   |                          |                               |                          |
| Occupational Therapy (OT)                       |                    |   |                          |                               |                          |
| Physical Therapy (PT)                           |                    |   |                          |                               |                          |
| Special Education Services (e.g. SEIT, P3, Aid) |                    |   |                          |                               |                          |
| Counseling Services                             |                    |   |                          |                               |                          |

Parent's Name (Print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_