

Thomas A. Edison High School
STUDENT SPECIAL SERVICES QUESTIONNAIRE

Student's Name: _____ DOB: _____
Parent's Name: _____ Parent's Email Address: _____
Cell number: _____
Address: _____ City: _____
State: _____ Zip: _____ Contact: _____

FOR PARENTS TO FILL OUT

Was this student receiving special services (IEP, ESOL, or 504 Plan) at his/her previous school?

Please list the name of the previous school attended:

City: _____ State: _____ Zip: _____

IEP Coordinator's Name: _____

Did this student have an active Individualized Education Program (IEP) at the previous school?

If yes, do you have a copy of the student's IEP with you?

Primary Disability: _____ Primary Service: _____

SE Level: _____

Primary Case Manager's Name: _____

Did this student have a Section 504 Plan at his/her previous school?

If yes, do you have a copy of the student's Section 504 Plan with you?

Has this student ever enrolled in English for Speakers of Other Languages Courses (ESOL)?

Have they exited the program? _____ ELL Language: _____

Does the student have difficulties that interfere with his/her ability to go to school or to learn?

Has the student ever been enrolled at a Fairfax County Public School before? _____ ID#: _____

If so, what year? _____ What grade? _____ Which School? _____

Was there ever a decision, by the parents, to opt out of services for the student?