

TERREBONNE PARISH SCHOOL BOARD
P. O. BOX 5097
HOUMA, LA 70361

Student Registration-Special Services Survey

This form must be completed on ALL students registering. Attach to Student Enrollment Form

Student's Name: _____

School: _____

DOB: ____/____/____

Student Social Security #: ____/____/____

Check One:

- Moving from In State
 Moving from Out of State:
 Drop Out returning to school
 Previously refused services but wants to return to Special Education or Gifted services

Check appropriate blanks and sign.

1. ____ The student was receiving or was eligible to receive the following special education services in previous school:

- | | |
|---|---|
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Gifted Teacher |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Talented Teacher |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Adapted Physical Education | <input type="checkbox"/> 504 |
| <input type="checkbox"/> Other: (specify) _____ | |

2. ____ I am not sure. The student **may** have been receiving or **may** have been eligible for special education services in previous school. I would like the child search coordinator to locate information to determine if he/she was receiving or is eligible for special education services.

3. ____ The student was **not** receiving and was **not eligible** for any of the special education services listed above in previous school.

Parent/Guardian Signature: _____ **Date:** _____

Note to School Staff: If the first or second blanks above are checked, school staff must fax this form and the Authorization to Release School Records Form to Child Search at 851-6525 within 1 day of registration.