

BRIDGMAN PUBLIC SCHOOLS

New Enrollment - Special Services Received

STUDENT'S NAME: _____

ENTERING GRADE _____

CURRENT AGE: _____

Please check any special programs/services your child received at their previous school:

NO Special Services Received by this student – STOP, SIGN & DATE, RETURN

YES - Special Services Received by this student (SELECT FROM BELOW):

Special Education (LD) ** – subject(s) _____

Special Education (EI) **

Speech/ Language **

*** = Please provide a copy of most recent Individual Education Plan (IEP) from previous school to Bridgman Elementary before start of school year.*

Special Education Evaluation process started at previous school (not completed)

Counseling

Title I – Reading

English as a Second Language

Retained in Grade _____

OTHER INFORMATION: _____

Parent's Signature

Today's Date

For Office Use Only: Copy provided to teacher(s) _____