

SPECIAL EDUCATION AND ADDITIONAL ASSISTANCE FORM

Please complete this section if your student has had or requires Special Education Services in the following areas: Resource Specialist Program (RSP) and Individual Small Group Instruction (ISGI) IEP (Individual Educational Program) Please include a copy of your student's IEP. Self-Contained Classroom ____ Speech and Language (SLP) English as a Second Language (ESL) or English Development (ELD) ____ 504 Plan ____Occupational Therapy Physical Therapy Please complete this section if student has had or requires additional assistance. My child is currently receiving additional help for ______ Please check each of the instructional programs your child participated in at his/her previous school. Response to Intervention Program (RTI) _____ Gifted and Talented

____Other (please specify)