



Whiteford Agricultural School District

Special Needs / Special Education Survey

Student Last Name _____ First Name _____ Gender _____

Date of Birth _____ Grade _____ School Attending _____ School Year _____

In order to ensure that your student receives the appropriate evaluations and services, please provide the following information:

1. Has student received any IEP Special Education Services (circle one)? Yes / No

If Yes, what years? _____

From what school district? _____

What kind(s) of services?

Reading support

Math Support

Special Education

Counselor

Other _____

Please attach a copy of latest IEP.

2. Has student had a 504 plan (circle one)? Yes / No

If Yes, what years? _____

From what school district? _____

What kind(s) of services? _____

Parent/Guardian Signature _____

Date _____