



MYFORD ELEMENTARY

Special Program Survey

To provide continuity in your child’s educational program, it is important that we are aware of any special help s/he may have received or programs s/he has participated in at previous schools.

Please provide the following information to help us expedite your child’s proper placement by checking the appropriate box.

- My child is/was participating in one or more of the following Special Programs at _____ (School/District)
 - GATE (Gifted and Talented)
 - English Language Development

- My child is/was participating in one or more of the following Special Education Programs(s) at _____ (School/District)
 - Special Day Class
 - Resource Specialist Program (RSP)
 - Speech / Language Therapy
 - Adaptive Physical Education

*** If your child is currently in a Special Education Program, a copy of the IEP is required at registration.**

- My child is NOT participating in any Special Program / Special Education Program.

Has a school or public psychologist ever tested your child? Yes No

Is there any special custody regulation for your child? Yes No

(If yes, we will need legal documentation to support this action before your child starts school.)

Comments: _____

Child’s Name: _____ Grade: _____

Parent Guardian Signature: _____ Date: _____