

Special Education History Questionnaire

| Questions | Yes | No | |
|--|-------|-----------|-----------------------|
| 1. Does your child have a disability/special need? | | | |
| 2. Is/Has your child ever received special education services? | | | |
| a. If yes, please list the areas of need: | | | |
| Autism | | | |
| Deaf-Blind | | | |
| Developmental Delay | | | |
| Emotional Disturbance | | | |
| Hearing Impairment | | | |
| Intellectual Disability | | | |
| Multiple Disabilities (please list areas of disability) | | | |
| Orthopedic Impairment | | | |
| Other Health Impairment | | | |
| Specific Learning Disability | | | |
| Speech and Language Impairment | | | |
| Traumatic Brain Injury | | | |
| Visual Impairment | | | |
| 3. Is/Has your child ever been referred for intervention services or received accommodations? (Example: BBSST, Section 504 Plan; large print, shortened tests, additional time, etc.) | | | |
| a. If yes, please list the types of services/accommodations: | When? | How long? | Were they successful? |
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