

Mokapu Elementary School
1193 Mokapu Rd., Kailua, HI 96734
Front Office: 808-254-7964 | Fax: 808-254-7969
www.mokapu.k12.hi.us

Student's Name: _____ DOB: _____ Grade: _____

Please answer the following questions to assist us with your child's placement. This information is confidential and necessary to provide continuous and appropriate services to your child.

1. Has your child been identified for IDEA (Special Education) or 504 (Modification Plan) services at his/her previous school? Yes No

If yes, please indicate below what document copies you can provide us:

2. Has your child received any of the educational supports listed below at his/her previous school? Yes No

If yes, please specify program: (check all that apply)

Remedial Reading Remedial Math Gifted/Talented
 School Counseling ELL (BSP) Behavioral Support Plan

3. Please list any medical concerns regarding your child:

4. Please note any other information that may be helpful to the school in providing appropriate services to your child:

Parent/Guardian Name: _____ Relationship to Student: _____

Signature: _____ Date: _____ Phone Number: _____