

**COMPLETE THIS FORM FOR ALL STUDENTS REGARDLESS OF  
SPECIAL EDUCATION STATUS**

**DISTRICT  
STATEMENT OF SPECIAL EDUCATION SERVICES**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

The above named student has NEVER received special education services.

True  False

If you answered **TRUE**, **DO NOT** complete the rest of the form.

If you answered **FALSE**, proceed to Question 2 and complete the rest of the form.

The above named student **WAS RECEIVING** special education services at his/her prior school.

True  False

If you answered **TRUE**, complete the remainder of the form below.

This form serves as a release of information authorization in order to request your child's special education records. Please work with the campus Admission Review Dismissal (ARD) committee to assist in identifying services to support your child. Disabling condition(s): (LD, ED, OI, MR, etc. )

Services received at previous school. Check all that apply:

- SE Speech Speech
- SE Self Contained Self Contained
- SE Auditory Impaired (hearing) Auditory Impaired (hearing)
- SE CMC CMC
- SE Visually Impaired Visually Impaired

Other services: \_\_\_\_\_

1. The above named student received special education services in the past, **BUT WAS DISMISSED PER ARD COMMITTEE**.  True  False If you answered **TRUE**, enter year dismissed: \_\_\_\_\_

2. Comments: \_\_\_\_\_  
\_\_\_\_\_

3. Name and address of previous school: \_\_\_\_\_

**Print Name of Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_