**Berrien Springs Parent Partnership**

**Review of Programs and Services**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Last Name: |  | Student First Name:  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age: |  | DOB: |  | Grade: |  |

|  |  |
| --- | --- |
| Current Address of Parent: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone Number: |  | Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous School: |  | Previous District: |  |

|  |  |
| --- | --- |
| Address of Previous School: |  |

|  |  |
| --- | --- |
| Phone Number of Previous School: |  |

|  |
| --- |
| CHECK ALL THAT CURRENTLY APPLY: |

My student currently has or had the following Special Education Services or other services in the past:

|  |  |
| --- | --- |
|  | Special Education Services/Current IEP |

|  |  |
| --- | --- |
|  | Speech-Language Services |

|  |  |
| --- | --- |
|  | 504 Plan |

|  |  |
| --- | --- |
|  | Specific medical diagnosis relating to disability. List diagnosis: |

|  |  |
| --- | --- |
|  | ESL Services (English as a second language) |

|  |  |  |
| --- | --- | --- |
|  | Other: |  |

My student has not has Special Education Services nor any of the services listed above or has been formally discontinued from such services- check here:

|  |  |
| --- | --- |
|  | No current programming/services |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent Name: |  | Date: |  |