



## Sunnyvale Independent School District SPECIAL PROGRAMS

Dear Parents,

In an effort to serve our new students, we are requesting that you complete this form. We can then test or place your child in the most beneficial classroom situation. Feel free to explain any special needs that you feel your child may have.

STUDENT NAME: \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_

*Please circle any services or programs that your child has received.*

### **SPECIAL EDUCATION:**

Content Mastery	YES	NO
Deaf Ed. Services	YES	NO
Dyslexia	YES	NO
Resource	YES	NO
Self-Contained (Life Skills)	YES	NO
Speech Therapy	YES	NO
Date of Last ARD	_____	

### **ACCELERATION / RTI**

Math	YES	NO
Reading	YES	NO

### **LEP / ESL**

Bilingual	YES	NO
ESL	YES	NO

### **GIFTED & TALENTED - Enrichment**

G/T	YES	NO
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### **OTHER SERVICES**

504	YES	NO
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