

Laguna Beach Unified School District

RECORD OF PRIOR SPECIAL SCHOOL PROGRAMS/SERVICES

In an effort to provide continuity in your child's educational program, it is important that you identify any special services your child received in his/her prior District. Additionally, it would be helpful for you to identify any outside services you have privately funded on your child's behalf in the past 12 months. The information you provide will assist your new school team in meeting your child's needs.

Student's Name: _____ Birth Date: _____

Enrollment Grade: ____ Prior School of Attendance: _____

My child participated in the following program(s) and or received services checked below:

Specialized Academic Instruction (Special Education Services)

Speech & Language Therapy (Special Education Services)

504 Plan

English Learner Services

Gifted and Talented Program (G.A.T.E.)

Other District Services: _____

Private Services: _____

No special program services

My child has a current IEP: Yes No

Please provide current IEP as well as last Triennial Assessment with your completed enrollment packet

My child has had special testing:

Date(s): _____

Type of Assessment: _____

Evaluator: _____

Records to be forwarded to Laguna Beach Unified School District from:

School _____

District _____

Address _____

Telephone _____

Dates of Attendance _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Please print and sign – return to school office