

**SPECIAL RESOURCE PROGRAM
Child Find**

Student Name:	Last:	First:	Grade:
Sponsor's Name:	Last:	First:	MI:
Rank:	Home Phone:	Duty Phone:	
Cell Phone:	Email 1:	Email 2:	

Please indicate in the table below what previous experiences your student has had in the current and earlier years:

Program or Services	No	Yes	Dates this service was provided:
Reading Improvement			
Remedial Math			
English as a Second Language			
Chapter 1 or Title 1			
Gifted Education Class			
School Psychologist or Counselor			
Other			
Special Education Area			
Learning Disability			
Visually Impaired			
Hearing Impaired			
Physical Therapy			
Occupational Therapy			
Speech/Language Therapy			
Physically Impaired			
Intellectual Deficit			
Emotional Impaired			
Other			

Students in special education services have an Individual Education Plan (IEP). Did your child have an active IEP at the previous school? **Yes No**

Sponsor's Signature: