



SAINT COLUMBKILLE SCHOOL

A TRADITION OF EXCELLENCE

SPIRIT • SCHOLARSHIP • SERVICE

Special Services Form

Name of Student _____

Current Grade Level _____ Date _____

Has your child ever received services for, been tested for, or identified as having any of the special services listed below?

- No, my child has never been identified for any special services
- Yes, my child has been identified for special services.

Please check any and all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Hearing difficulty | <input type="checkbox"/> Vision difficulty |
| <input type="checkbox"/> Learning Difference (MFE or IEP) | <input type="checkbox"/> Developmental delay |
| <input type="checkbox"/> Speech Language Pathology | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Special Education Program | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Specialized Educational Testing | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Accommodation Plan (504 or SEGO Plans) | |
| <input type="checkbox"/> Gifted Program | |
| <input type="checkbox"/> Other, please specify: | |

Signature of Parent/Guardian _____

Date _____

