

SAINT FRANCIS OF ASSISI  
PARISH SCHOOL  
112 Saxer Avenue  
Springfield, PA 19064-2333  
610-543-0546  
Fax 610-544-9431

**SPECIAL EDUCATION VERIFICATION FORM**

I certify that my child \_\_\_\_\_ :

(Print Student's Name)

\_\_\_\_\_ Is not now, nor has previously been identified as a Special Education student.

\_\_\_\_\_ Has been previously identified as a Special Education student with an IEP\*, but is no longer classified as a Special Education student.

\_\_\_\_\_ Has been identified as a Special Education student and is currently or was receiving Services through an IEP.

Date of current IEP \_\_\_\_\_

Date of Evaluation Report \_\_\_\_\_

***(Parent must provide a copy of the current IEP/ER)***

\_\_\_\_\_ Is currently or has been receiving services through a 504 Agreement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*IEP – An IEP is an Individualized Education Program and is the written plan for the education of a student who has a disability or is gifted.