

**Horseheads Central School District
Additional Education Services Information**

Student Name _____ **DOB** _____ **Grade** _____
Last First Middle mm/dd/yyyy

Please answer all questions:

Is your child currently receiving any **Section 504 Programs/Services**
under an Accommodation Plan? Yes No

Is your child currently receiving any **Support Services**? Yes No

Is your child currently receiving **Academic Intervention Services (AIS)**? Yes No

If **yes**, please indicate which subject area(s):

- | | |
|--|----------------------------------|
| <input type="checkbox"/> English Language Arts | <input type="checkbox"/> Science |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> Math |

Does your child have an **Individualized Education Program (IEP)**? Yes No

If your child **is** currently receiving Special Education services through an IEP, please check below which service area(s) he/she received at his/her last school:

- Consultant Teacher Services
- Resource Room Services
- Special Class (District or BOCES)*
- Speech/Language Therapy
- Occupational Therapy
- Physical Therapy
- Counseling/Social Worker on IEP
- Medical Alerts
- Special Transportation Services (i.e. lift bus, bus attendant, etc.)

* If this box is checked, please note an interim placement procedure will be followed for this student.

I certify that the information provided is accurate to the best of my knowledge and that I have legal custody of the above named child.

**Signature of
Parent/Legal
Guardian** _____

_____ Date

Copies to: Student Services
Central Registrar
Student Permanent Folder