

**Amarillo Independent School District
Enrollment Survey Concerning Special Services
For Students New to AISD**

Students Name: _____

Yes No Did the student named above receive any special education services in his/her previous educational placement?

Yes No Did the student named above receive any section 504 services in his/her previous educational placement?

Did the student named above receive any services in his/her previous educational placement that are listed below?

Yes No Speech Therapy

Yes No Resource Class

Yes No Content Mastery Class

Yes No Dyslexia

Yes No Special health care services from the school nurse

Yes No Physical Therapy

Yes No Occupational Therapy

Yes No Special Accommodations or Modifications

Yes No Other: _____

Parent Signature: _____

Date: _____

If you checked "Yes" to any of the above questions, please complete the following:

Student Date of Birth: _____ Name of Previous District: _____

Parent Phone Number(s): Home: _____ Work: _____

Last District Attended: _____ Last School Attended: _____

Parent's Name(s): _____

To: School person receiving this form - - if any of the above boxes are checked "Yes", please give this form to the building diagnostician – who will relay the information to any others with a need to know.