

JFB-EB

EXHIBIT

OPEN ENROLLMENT

SPECIAL SCHOOL PROGRAMS

Name of Student: _____ Current Grade _____

Name of Parent: _____

Please identify any special school programs your child has participated in, or special help your child has received from previous school personnel, and any anticipated special school programs or services.

My child has participated in or it is anticipated my child will need to participate in the program(s) or receive the services listed below:

- Section 504 [parent should provide the student's current Accommodation Plan]
- E.S.L./Bilingual instruction
- Gifted/Talented
- Special Education [parent should provide the student's current IEP and evaluation report(s)]:

Please check all that apply:

- Extended Resource / Self-Contained
- Functional Extended Resource (MIMR/MOMR)
 - Adaptive Physical Education
 - Assistive Technology
 - Hearing
 - Occupational Therapy
 - Physical Therapy

- Resource Support
- Special Education Preschool
- Speech/Language Therapy
- Special School or Class (private school)
- Transportation as "related service"
- Vision
- Other _____
- Other _____