

San Diego Unified School District
Spreckels Elementary School
Record of Prior Special School Programs

Welcome to Spreckels Elementary! In order to provide continuity in your child's educational program, it is important that we be made aware of any special help he/she may have received or programs that he/she has participated in at previous schools. Please check the appropriate spaces below and specify the information.

_____ My child has **NOT** participated in any special program(s).

_____ My child **HAS** participated in any special program(s).

_____ Special Education Day Class Program

_____ Resource Specialist Program (Specialized Academic Instruction)

_____ Speech and Language Therapy (SLP)

_____ Adaptive Physical Education (APE)

_____ Occupational Therapy (OT)

_____ Physical Therapy (PT)

_____ Behavior Modification Program/Plan

_____ Mental Health Resource Specialist (MHRS)

_____ G.A.T.E. (Gifted and Talented Education)

_____ Bilingual Program (Languages: _____)

_____ My child **HAS** had special testing. Type of Testing: _____

Date of Testing: _____ Where test was administered: _____

_____ Other: _____

If you checked **ANY** of the above boxes, please specify the following information:

Specific Program Status	Yes or No	Dates/ important notes etc.
**Current IEP/IFSP		
Previous or Exited IEP/IFSP		
Services received in SDUSD		
Services received in other District		

Name of Child:	Grade:	Date of Birth:
Name of Previous School:		Phone # of previous school:
Address of Previous School:		
Parent's Signature:		Date: