



Toltec School District
 3315 N Toltec Road
 Eloy, Arizona 85131
 District 520/466-2360

**SPECIAL EDUCATION, 504 AND GIFTED PROGRAM
 SERVICES INFORMATION**

Student Name _____ Grade _____ ID # _____ Date _____

Parent or Guardian of Newly Registering Student:

Welcome to Toltec School District. In order to assist us in meeting the educational needs of your child, please read below and supply the requested information to the extent you are able. There are many regulations that govern Special Education, students receiving 504 accommodations and services for gifted students. Services provided by your child's previous school should continue, but Toltec must be provided with proper documentation. (Please understand that not all documentation from the previous school is automatically forwarded in a timely manner.) If you want your child to receive the appropriate services, please submit current reports, evaluations, Individualized Education Program (IEP's) and other information you may have regarding your child as soon as possible. Your effort will expedite services. Thank you for taking the time to provide this valuable information.

SPECIAL EDUCATION SERVICES – SECTION ONE			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a copy of your child's Individualized Education Program? If no, please mark below the services provided to your child and the length of time your child received help in those areas:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Math	Length of Time:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Writing	Length of Time:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Speech	Length of Time:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reading	Length of Time:
Other:			
Please note below the names of classroom teachers, Special Education Teachers, Therapist(s), School Psychologists or any other service providers that worked with your child:			

504 SERVICES – SECTION TWO		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did your child receive accommodations under a 504 Plan? If yes, please indicate the disability for which the child had a 504 Plan: Name of diagnosing physician:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a copy of the physician's statement or report? If yes, please provide a copy.

GIFTED PROGRAM SERVICES – SECTION THREE		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did your child receive Gifted and Talented Services (GATE) at the previous school? Please describe the services provided to your child:

Parent Signature: _____ Date: _____