

# Highland Falls-Fort Montgomery CSD

## SPECIAL SERVICES QUESTIONNAIRE

Student \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_

School Building \_\_\_\_\_ Grade \_\_\_\_\_

### Special Education Services:

Has this student been identified by the Committee on Special Education as a student with a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, is the student suspected of having a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate the classification and services received:

Classification \_\_\_\_\_

Services \_\_\_\_\_

### Academic Intervention Services (AIS):

Has the student been identified as needing Academic Intervention Services?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Please indicate the areas in which your child is receiving or has received extra help:

\_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math

\_\_\_\_\_ Speech \_\_\_\_\_ Occupational Therapy

Do you feel that your child needs remedial help? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, reason: \_\_\_\_\_

### English as a Second Language (ESL) Services:

Has the student been identified as needing English as a Second Language (ESL)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Is he/she currently receiving ESL services? \_\_\_\_\_ Yes \_\_\_\_\_ No