ACADEMY OF
SAINT BARTHOLOMEW

Special Services Form

Name of Student _____

Current Grade Level _____ Date _____

Has your child ever received services for, been tested for, or identified as having any of the special services listed below?

- ☐ No, my child has never been identified for any special services
- ☐ Yes, my child has been identified for special services.

Please check any and all that apply.

_____ Hearing difficulty

_____ Learning Difference (ETR / IEP)

_____ Speech Language Pathology

_____ Special Education Program

_____ Specialized Educational Testing

_____ Accommodation Plan (504 Plan)

_____ Gifted Program

_____ Other, please specify:

_____ Vision difficulty

_____ Developmental delay

_____ ADD/ADHD/ODD

_____ Psychological Evaluation

_____ Counseling Services

_____ Physical Therapy

_____

_____

_____

_____ _____

Signature of Parent/Guardian Date