

WEST HARTFORD Board of Education
50 South Main Street, West Hartford, CT 06107-2485
RESIDENCY OFFICE
Telephone # 860-561-6620
Fax # 860-561-6928

FORM FOR SPECIAL EDUCATION SERVICES
(Please fill out and sign form even if the student does not require special education services).

STUDENT NAME: _____ **STUDENT #:** _____

GRADE: _____ **NEW SCHOOL:** _____

1. Has the student ever received Special Education Services (IEP)?

Yes

No

2. Does the student have a 504 Plan?

Yes

No

3. Please phone the school to set up a PPT with Pupil Services.

4. When calling for an appointment with a Guidance Counselor at the school, please inform the Counselor of the PPT and Special Education needs.

PARENT/GUARDIAN'S SIGNATURE: _____ **Date:** _____