



**Seven Generations Charter School
Special Instruction/Instructional Support**

Please complete the information carefully and accurately. Please use ink and print clearly and legibly.

Student Information

Last Name _____ First _____ Middle _____
Date of Birth _____ Grade _____ Gender M F
Residence Physical Address _____
Home Phone # _____ Home Email _____
Mailing Address (only if different from residence) _____
School District of Residence _____

Has your child been evaluated for and/or participated in any of the following student services?

- Early Intervention (preschool) IEP
- School Age IEP
- 504 Plan
- English as a Second Language (ESL)
- Positive Behavior Support Plan
- Academic Instructional Support
 - Reading Math Writing Behavior

Did your child receive any of the following therapies?

- Speech Occupational

If you checked Special Education (IEP), do you have the student's special education records? Yes No

If "Yes" please attach copies of all current documents.

Has your child ever received English Language Services? Yes No

If "Yes" what years were the services provided _____