



WASHINGTON LATIN  
PUBLIC CHARTER SCHOOL

A Classical Education for the Modern World

## SPECIAL NEEDS QUESTIONNAIRE (ALL PARENTS MUST COMPLETE)

(Si usted necesita esta forma en español, llama por favor 202-223-1111)

It is very important for us to know if your child is currently receiving or has received SPECIAL EDUCATION SERVICES. This includes evaluations, IEPs, 504 plans and any other type of service to benefit their academic success.

Child's name: \_\_\_\_\_ Parent(s) Name \_\_\_\_\_

Parent Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Grade for 2021-2022 : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current School: \_\_\_\_\_

Previous schools attended: \_\_\_\_\_

**Please check any statement that applies to your student.**

\_\_\_ My child has never received any special education services or been evaluated for any services.

\_\_\_ My child has an Individual Education Plan (IEP).

*(A copy of the current or most recent IEP must be submitted along with any evaluations. From the date Washington Latin receives this signed questionnaire you have 5 business days to provide all the above documents).*

\_\_\_ My child has had some evaluations completed by a previous school or by an independent evaluator.

*(From the date Washington Latin receives this signed questionnaire, you have 5 business days to provide all the above documents).*

\_\_\_ I asked for my child to be evaluated for special education by a previous school on \_\_\_\_\_, but the evaluations have not been completed yet.

\_\_\_ My child receives services under section 504 of the Rehabilitation Act of 1973.

*(A copy of the current or most recent 504 plan must be submitted along with any evaluations. From the date Washington Latin receives this signed questionnaire you have 5 business days to provide all the above documents).*

\_\_\_\_\_My child is part of the DC Medicaid Program.

Medicaid Carrier \_\_\_\_\_Number \_\_\_\_\_

*(From the date Washington Latin receives this signed questionnaire, you have 5 business days to provide all the above documents).*

*The information I have given is correct to the best of my knowledge. I understand that it is my responsibility to obtain any necessary paperwork and submit them to Washington Latin within 5 business days from the date the school receives this signed questionnaire.*

Parent or Guardian (print name) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_