



WASHINGTON LATIN
PUBLIC CHARTER SCHOOLS

A Classical Education for the Modern World

SPECIAL NEEDS QUESTIONNAIRE

ALL PARENTS MUST COMPLETE THIS FORM.

(Si usted necesita esta forma en español, llame la escuela por favor.)

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 next year: _____ 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).

Washington Latin Public Charter Schools ★ A Classical Education for the Modern World ★ www.latinpcs.org

2nd Street Campus ★ 5200 2nd Street NW ★ Washington, DC 20011 ★ 202.223.1111

Anna Julia Cooper Campus ★ 711 Edgewood Street NE ★ Washington, DC 20017 ★ 202.697.4430

___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: _____