



PLANTATION KEY SCHOOL

Student Services Questionnaire

Student Name: _____

Parent Name: _____

Phone Number: _____

Current Grade: _____

IN PREVIOUS SCHOOL DID YOUR CHILD:

1. Have a current individual education plan? YES NO
If yes, what is the students' exceptionality?

2. Currently receive speech therapy in school? YES NO

3. Currently receive occupational therapy in school? YES NO

4. Currently receive physical therapy in school? YES NO

5. Currently receive guidance counseling in school? YES NO

6. Have a 504 for accommodations? YES NO

7. Any other specialized services? YES NO
