

GANADO UNIFIED SCHOOL DISTRICT

ESS Needs Screening Survey

ARS § 15-15763 – compliance

To be completed by parent/guardian or authorized individual at time of school registration

Student: _____

Date: _____

School registering at: _____

Anticipated Grade Level: _____

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To enable us to plan best for your child's educational needs, please indicate if your child has ever been evaluated or considered for special education services. This is for planning purposes ONLY and will not affect your child's registration at this school.

**(Please check one)**

YES    NO    Unsure

      

Received Special Education Services before – When & Where?

\_\_\_\_\_

      

Was in the process of being referred – When & Where?

\_\_\_\_\_

      

Was in the process of being evaluated – When & Where?

\_\_\_\_\_

      

Had a Psychoeducational evaluation &/or other evaluations?

\_\_\_\_\_

      

Had an IEP – When & Where?

\_\_\_\_\_

      

Had a 504 plan – When & Where?

\_\_\_\_\_

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\*\* **Office Use Only**: This form will be reviewed by the ESS Teacher, Psychologist, and/or ESS Administrator.

Date received by ESS Office: \_\_\_\_\_

FOLLOW-UP:    Date records requested: \_\_\_\_\_

Date records received: \_\_\_\_\_

Date records reviewed: \_\_\_\_\_

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

IEP Developed: YES: \_\_\_\_\_ or NO: \_\_\_\_\_

Comments: \_\_\_\_\_