

**WEST HARTFORD Board of Education**

50 South Main Street, West Hartford, CT 06107-2485

**RESIDENCY OFFICE, ROOM# 154**

**Telephone # 860-561-6620**

**Fax # 860-561-6928**

**FORM FOR SPECIAL EDUCATION SERVICES**

(Please fill out and sign form even if the student does not require special education services).

**STUDENT NAME:** \_\_\_\_\_ **STUDENT #:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **NEW SCHOOL:** \_\_\_\_\_

**1. Has the student ever received Special Education Services (IEP)?**

Yes

No

**2. Does the student have a 504 Plan?**

Yes

No

**3. Please phone the school to set up a PPT with Pupil Services.**

**4. When calling for an appointment with a Guidance Counselor at the school, please inform the Counselor of the PPT and Special Education needs.**

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_