

Record of Prior School Programs

Student's Name _____ Date of Birth _____ Current Grade _____

To enable us to place your child appropriately, please answer the following questions:

Has your child ever been enrolled in St. Lucie County Schools in the past?

____ Yes ____ No

Has your child ever been enrolled in a FLORIDA school other than St. Lucie County?

____ Yes ____ No If yes, what school district? _____

Is your child expelled or pending expulsion in this or any other county/state?

____ Yes ____ No If yes, what school district? _____

Does your child receive any of the following services?

____ **Exceptional Student Education** If yes, Check program (s)

- | | | |
|--|------------------------------|---------------------------|
| ____ Learning Disability (SLD/LD) | ____ Speech | ____ Visually Impaired |
| ____ Autism Spectrum Disorder (ASD) | ____ Language | ____ Hearing Impaired |
| ____ Emotional Behavioral Disorder (EBD) | ____ Orthopedically Impaired | ____ Occupational Therapy |
| ____ Intellectually Disabled (IND) | ____ Other Health Impaired | ____ Physical Therapy |
| ____ Traumatic Brain Injury (TBI) | | |

____ **Gifted/Talented**

____ **Section 504**

____ **English Speakers of Other Languages (ELL/ESOL)**

____ **Other** _____

What school did your child last attend? (public, homeschooled, private, virtual, alternative)

Name of School _____

City and State _____

Phone (if known) _____

Parent/Guardian Signature _____ **Date** _____

Printed Name _____

FOR OFFICE USE ONLY:

Provided to School ESE Specialist and School Counselor by (please print) _____

Position _____ Date _____