



Ann Arbor Public Schools Special Education Survey

Updated December 2006

NAME OF STUDENT _____ GRADE _____

AGE _____ SCHOOL BUILDING _____

In order to ensure that your student receives the appropriate evaluations and services, please provide the following information

1. Has student received any IEPC/IEP Special Education Services? YES NO

If Yes, what years?

From what school district?

What kind(s) of services?

2. Has student had a 504 plan? YES NO

If Yes, what years?

From what school district?

What kind(s) of services?

Parent/Guardian's Name

Parent/Guardian's Signature Date

Return to office of School Principal