

**WYANDANCH SCHOOL DISTRICT
OFFICE OF CENTRAL REGISTRATION
PRIOR SPECIAL EDUCATION SERVICES**

Student's Name: _____ Date Of Birth: _____
 Current Address: _____ Phone number: _____
 Last School Attended: _____ School District: _____
 Address: _____ Phone number: _____
 Last Grade Completed: _____ Teacher or Guidance Counselor's Name: _____

Did student receive any special education services? NO YES (indicate below):

IF YOU RESPONDED "YES" TO THE ABOVE, PLEASE COMPLETE THE FOLLOWING:

Type of Special Education Program Attended:

- Special Education Class
- Inclusion Program
- BOCES Special Education: School Name _____
- Other (specify type of program or name of school) _____
- Resource Room
- Related Services Only

Related Services Provided in Most Recent Placement: Check all that apply

- Speech/ Language
- Physical Therapy
- Counseling
- Hearing Services
- Occupational Therapy
- Vision Services

Classification If known

- Don't Know
- Emotionally Disturbed
- Deaf
- Visually Impaired
- Learning Disabled
- Other Health Impaired
- Orthopedically Impaired
- Traumatic Brain Injury
- Mentally Retarded
- Multiply Disabled
- Hard of Hearing
- Speech Impaired
- Autistic
- Deaf - Blind

Do you have a copy of your child's most recent IEP: NO YES (please attach copy)

Name of CSE Chairperson/ Special Education Director _____
 Address of CSE Office _____ Phone # _____

Release of Records / Information to the Deer Park School District

I authorize the school and CSE indicated above to release academic, psychological, psychiatric, medical and all other evaluations, IEPs and records to the Wyandanch schools. I am aware that all records will be kept confidential and access limited to school personnel who work with my child. I understand I may review all records. I also consent to having school district personnel who work with my child (principal, psychologist, social worker, regular or special education teachers, related services providers, guidance counselor and/or CSE Chairperson) speak with individuals from the school and CSE office indicated above. I am aware my consent is voluntary and can be withdrawn at any time.

Signature of Parent/Person in Parental Relationship _____ Date _____