QUEST ELEMENTARY SCHOOL

SPECIAL SERVICES SURVEY

STUDENT NAME: ___________________________  BIRTHDAY: ___________________________

1. Does your child have an Individual Education Plan (IEP)?
   YES  NO
   If YES, please provide the following information:
   School District ___________________________
   School Name ___________________________
   School Phone # ___________________________

2. Does your child have a Section 504 accommodation plan?
   YES  NO
   If YES, please provide the following information:
   School District ___________________________
   School Name ___________________________
   School Phone # ___________________________

3. Does your child receive any special services during the school day?  YES  NO
   If YES, please describe the kinds of services and amount of time provided:

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

   ____________________________________________

   Parent/Guardian Signature ___________________________  Date ____________