



13633 Rockside Road, Garfield Heights, Ohio 44125  
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## Special Services Form

Name of Student \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Date \_\_\_\_\_

Has your child ever received services for, been tested for, or identified as having any of the special services listed below?

- No, my child has never been identified for any special services.
- Yes, my child has been evaluated or received special services in the following area(s):  
*Please check any and all that apply.*

- Hearing difficulty
  - Learning Disability (MFE or IEP)
  - Speech Language Pathology
  - Special Education Program
  - Specialized Educational Testing
  - Accommodation or Service Plan (504 or SEGO Plans)
  - Gifted program
  - Other, please specify:
- Vision difficulty
  - Developmental delay
  - ADD/ADHD
  - Psychological testing
  - Physical Therapy

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date