

**ECORSE
PUBLIC
SCHOOLS**



**SPECIAL EDUCATION
SPECIAL SERVICES RECORDS REQUEST**

Please clearly print all information with black or blue ink

Please complete this form for all new students who were enrolled in Special Education or any other Special Services at their previous school. This request will then be forwarded to the Special Education department of your child's previous school district.

Student's Name: _____ Grade: _____ D.O.B.: _____

Parent's Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Previous District Attended: _____

District's Address: _____

City: _____ State: _____ Zip: _____

District Contact Person: Phone Number: _____

Disability: _____

Date of Last Individual Education Plan (IEP): _____ (please attach a copy)

PARENTS:

Please sign below so that we can request your child's special education records, including all evaluation reports, Multidisciplinary Team Report and Individual Education Plans.

I grant permission for Ecorse Public Schools to receive the especial education records of my child.

Print Name Signature Date

FOR SCHOOL USE ONLY:

Date forwarded to special education teacher: _____