



Poway Unified School District – (TK-5 Only)

SPECIAL SERVICES CHECKLIST

Welcome to Poway Unified School District! The checklist below will assist us in making your child’s classroom placement. Please complete the following information:

Student’s Name: _____ Gender: _____

School: _____ Grade: _____

Daycare (other than parent): _____ Phone #: _____

Please review the programs and services below. Check those that apply to your child:

Specific Programs	COMMENTS
<input type="checkbox"/> Gifted and Talented Education (GATE)	
<input type="checkbox"/> English Language Learner (ELL)	
<input type="checkbox"/> Counseling Program	
<input type="checkbox"/> 504 Program Plan	
<input type="checkbox"/> Current Individual Education Program (IEP)	
<input type="checkbox"/> Special Day Class (SDC)	
<input type="checkbox"/> Resource Specialist Program (RSP)	
<input type="checkbox"/> Speech Therapy	
<input type="checkbox"/> Other	
Other Services / Information	
<input type="checkbox"/> My child received other services (academic and/or social-emotional support). If so, please list in COMMENTS.	
<input type="checkbox"/> My child has been tested by a school psychologist.	
<input type="checkbox"/> There are special custody relations regarding your child.	
<input type="checkbox"/> Other essential information the school should know:	
After School	
<input type="checkbox"/> My child will participate in the fee-based before and after school program, Extended Student Services (ESS). I understand to enroll in this program I will need to contact the ESS supervisor.	

Any information that will support your answers above, please briefly describe below:

Parent Signature

Date