SEVIER COUNTY DEPARTMENT OF SPECIAL EDUCATION
CONTINUATION OF EDUCATIONAL SERVICES

Name of Student: _____

Current Address: _____

Previous Address: _____

Last School Attended: _____

Previous School District, State: _____
Over what dates did the student attend? (month-year to month-year)
_____

1. What was the last full grade the student completed? _____

2. Did this student ever receive Speech, Occupational Therapy, Physical Therapy, Vision, Resource services, or similar supporting services? ____

3. If " Yes" for question #2, when was the last school year the student received such services? _____

4. Does the student still require these services? ☐ Yes ☐ No

5. Has the student ever been diagnosed with any of the following conditions?

☐ Learning Disability	☐ Mental Retardation	☐ Deaf
☐ Intellectual Giftedness	☐ Speech Impaired	☐ Blind
☐ Language Impaired	☐ Emotional Disturbance	☐ Autism
☐ Health Impaired	☐ Physically Impaired	☐ Hearing Impaired
☐ Visually Impaired	☐ Deaf/blindness	
☐ Multiple Disabilities	☐ Functionally Delayed	
☐ Developmentally Delayed	☐ Traumatic Brain Injury	

_____ _____
Parent's Printed Name Signature

_____
Dale

When completed, this form contains confidential information to be shared only with those directly involved in the student's educational placement. It is intended to be used with the rest of the initial intake paperwork. Also, the completed form can be