

Riffenburgh Student Information Form

Student's name _____

Has your child received any of the following services? Please check no or yes.

Service	No	Yes	If yes, please explain.
Integrated services (IEP)- My Student has the following identified disabilities and received special education support through an IEP			<input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Orthopedic impairment <input type="checkbox"/> Serious Emotional Disability <input type="checkbox"/> Speech or Language Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Deaf <input type="checkbox"/> Other Health Impairment-Diagnosis _____
English language development services (ELD)			
Academic interventions for math (MTSS)			
Academic interventions for reading/literacy (MTSS)			
Behavioral interventions (MTSS)			
504 accommodations			
Title I			