



Santa Barbara Unified School District

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www.sbsdk12.org

SPECIALIZED INSTRUCTIONAL PROGRAMS SURVEY

To Parents of Enrolling Transfer Students,

Welcome to the Santa Barbara Unified School District. In order for us to give your child the best instructional program, we ask that you complete the following survey. Your child may be entitled to receive additional specialized instructional programs and related services.

This information will be kept confidential

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

1. Has your child ever participated in programs or received services in any of the following areas?
(Please check appropriate response.)

	No	Yes	If yes, when (dates)
Preschool/Head Start	_____	_____	_____
Chapter 1/Remedial Services	_____	_____	_____
Gifted and Talented Education	_____	_____	_____
Mental Health Counseling	_____	_____	_____
Resource Specialist Program	_____	_____	_____
Speech/Language Therapy	_____	_____	_____
Special Day Class	_____	_____	_____
Adapted Physical Education	_____	_____	_____
Occupational Therapy	_____	_____	_____
Physical Therapy	_____	_____	_____
Deaf/Hard of Hearing Services	_____	_____	_____
Visually Impaired Services	_____	_____	_____
Other Programs/Services (specify)	_____		

2. Does your child have a disability? No _____ Yes _____

3. Does your child have an Individualized Educational Program I.E.P. / Section 504 Plan, for special education services? No _____ Yes _____

If "Yes", please attach copy of I.E.P. / Section 504 Plan.

4. Has your child ever been evaluated or received special education services from any special education agency? No _____ Yes _____

If "Yes", please specify:

Date(s) _____ School(s) _____

5. Does your child have any special needs of which we should be aware? No _____ Yes _____

If "Yes", please explain disability _____

6. Is there any community agency currently involved with your child (e.g., Mental Health, Probation, Regional Center)? No _____ Yes _____

If "Yes", please specify:

Agency _____ Contact _____

Agency _____ Contact _____

7. Does your child have a medical or physical condition about which the school should be aware?

No _____ Yes _____ If "Yes", please describe:

8. Is your child presently taking any medications? No _____ Yes _____

If "Yes", please list:

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

9. What do you feel are your child's particular areas of interest? _____

Parent Signature _____ Date _____