

Citrus Park Elementary School

7700 GUNN HWY, TAMPA, FL 33625

PHONE (813) 558-5356

FAX (813) 558-5111

Student Name: _____ School Year: _____

New Student Enrollment Questionnaire

Did your child leave his/her classroom to receive additional services? Yes No

Has/Does your child received special education services with another teacher other than his/her homeroom teacher? Yes No

Does your child have an IEP (Individual Education Plan) for speech/language, a learning disability, a behavioral disability, ADHD, or a medical issue? Yes No

If yes, which category:

____ Speech / Language

____ Learning Disability

____ Behavioral Disability

____ ADHD

____ Other Medical Issue:

Explain: _____

Have you given written permission for any additional individual testing or evaluation of your child? Yes No

Do you have paperwork of a plan that was completed or implemented by an Exceptional Education Teacher? Yes No

Additional information about your child: _____
