



TIPTON ACADEMY

1515 Belton St. Garden City, MI 48135

SPECIAL EDUCATION INFORMATION

Student Name: _____

Date of Birth (mm/day/yr)

Age

Grade

Does your child qualify for Special Education?

Does your child have a current IEP?

Does your child have a current 504 plan?

Please check any boxes that apply to your child's **current** educational needs
And areas of weakness:

- | | |
|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Math | <input type="checkbox"/> Emotional Impairment |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Other Mental Impairment (Down's Syndrome, etc.) |
| <input type="checkbox"/> ADHD (Hyperactivity) | |
| <input type="checkbox"/> Other _____ | |

Has your child been expelled in the past?

Date(s):

Reason(s):

Has your child been retained?

Which grade(s)

Signature of Parent/Legal Guardian

Date