

**LINDENHURST SCHOOL DISTRICT
OFFICE OF CENTRAL REGISTRATION
PRIOR SPECIAL EDUCATION SERVICES**

IF YOU RESPONDED YES TO YOUR CHILD RECEIVING SPECIAL EDUCATION SERVICES, YOU MUST COMPLETE THIS FORM AND SUBMIT IT ALONG WITH A CURRENT IEP.

Student's Name: _____ Date of Birth: _____
Current Address: _____ Phone number: _____
Last School Attended: _____ School District: _____
Address: _____ Phone number: _____
Last Grade Completed: _____ Teacher or Guidance Counselor's Name: _____

Type of Special Education Program Attended:

- Special Education Contained Class
- Inclusion Program
- BOCES Special Education: School Name _____
- Other (specify type of program or name of school) _____
- Resource Room
- Related Services only

Related Services Provided in Most Recent Placement: *Check all that apply*

- Speech/Language
- Counseling
- Vision Services
- Occupational Therapy
- Physical Therapy
- Hearing Services

CLASSIFICATION: *If known*

- Don't Know
- Learning Disabled
- Mentally Retarded
- Speech Impaired
- Emotionally Disturbed
- Other Health Impaired
- Multiple Disabilities
- Autistic
- Deaf
- Orthopedic Impaired
- Hard of Hearing
- Deaf - Blind
- Visually Impaired
- Traumatic Brain Injury

Do you have a copy of your child's most recent IEP: _____ No _____ Yes (please attach copy)

Name of CSE Chairperson/Special Education Director _____
Address of CSE Office _____ Phone # _____

Release of Records / Information to the Lindenhurst School District

I authorize the school and CSE indicated above to release academic, psychological, psychiatric, medical and all other evaluations, IEPs and records to the Lindenhurst schools. I am aware that all records will be kept confidential and access limited to school personnel who work with my child. I understand I may review all records. I also consent to having school district personnel who work with my child (principal, psychologist, social worker, regular or special education teachers, related services providers, guidance counselor and/or CSE Chairperson) speak with individuals from the school and CSE office indicated above. I am aware my consent is voluntary and can be withdrawn at any time.

Signature of Parent/Person in Parental Relationship _____

_____ Date