

**\*SPECIAL EDUCATION RECORDS REQUEST**

Date:

My child, \_\_\_\_\_, date of birth \_\_\_\_\_,

has enrolled at Weatherly Area School District in grade \_\_\_\_\_ for the \_\_\_\_\_ school year.

If your child is currently identified as a child in need of Special Education Services, has a GIEP, or a Chapter 15/Section 504 Service Plan, please check the appropriate boxes below:

**IEP (Individualized Education Program):**

Does have                       Does NOT have

**Type of Service:**

Learning Support               Emotional Support               Speech/Language

Autistic Support               Life Skills Support

**Gifted IEP:**

Does have                       Does NOT have

**Chapter 15/Section 504 Service Plan:**

Does have                       Does NOT have

I give permission to Weatherly Area School District to request a release of the following records from \_\_\_\_\_ School District:

IEP, NOREP, ER (Evaluation Report); Gifted IEP, Gifted NORA; Chapter 15 or Section 504 Service Plan.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date