

# STEM School

C h a t t a n o o g a

To: Parents/Guardians of new STEM students

In the interest of best assisting your child and making sure your child's previous services are known to us, please provide answers to the below items.

Student Name: \_\_\_\_\_

Grade Level (9<sup>th</sup>, 10<sup>th</sup> or 11<sup>th</sup>): \_\_\_\_\_

1. My child currently receives (or received in the past) Exceptional Ed. Services.  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. My child has/had an IEP, IEP for Gifted services, a 504 Plan, or other individualized plan for school.  
Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered YES to question #1 and/or #2, please fill in the two items below.

School where your child last received services: \_\_\_\_\_

School your child would be zoned in HCDE: \_\_\_\_\_

Thank you!

STEM Exceptional Ed. Team

