

(Insert School District/Building Letterhead)

Unique Learner Enrollment Worksheet

Date of enrollment:
Student Name:
Grade:
Parent(s):
Address:
Phone:
Previous School:
Who to contact at previous school:

- My child received the following special education services at his/her previous school:
- Autism Spectrum Disorders (ASD)
 - Deaf and Hard of Hearing (DHH)
 - Developmental Cognitive Disability (DCD)
 - Emotional or Behavioral Disorders (EBD)
 - Other Health Disabilities (OHD)
 - Physically Impaired (PI)
 - Severely Multiply Impaired (SMI)
 - Specific Learning Disability (SLD)
 - Speech or Language Impairment (SLI)
 - Visual Impairment (VI)
 - Traumatic Brain Injury (TBI)
 - Early Childhood Special Education (ECSE)
 - Developmental Adapted Physical Education (DAPE)
- My child did not receive special education services at his/her previous school.
- I am not sure if my child received special education services at his/her previous school.
- My child has a Section 504 Accommodation Plan.
- My child received Title 1 remedial services.
- My child received other services (list):