

Corona-Norco Unified School District
RECORD OF SPECIAL SERVICES

Student ID# _____

School: _____

_____ receives the following special services:
(Student's Name)

- Current 504 Plan** (Federal Rehabilitation Act of 1973)

A CURRENT IEP WOULD IDENTIFY THE FOLLOWING SPECIAL SERVICES:

- Speech Therapy**
- Adapted Physical Education** (Students who require development or corrective physical education)
- Resource Specialist Services** (Students who receive special education instruction from a resource specialist for less than 1/2 of their school day)
- Special Day Class** (Students who receive special education instruction from a special education teacher for more than 1/2 of their school day)
- Visually Handicapped Services** (Students with significant visual impairments who receive enlarged materials, tutorial assistance, Braille instruction, etc., through the IEP process)
- Hearing Impaired Services** (Students with significant hearing loss who receive special services including a sign language interpreter through the IEP process)
- Physical or Occupational Therapy**

OTHER SERVICES

- Specialized Medical/Health Procedures Required During the School Day.** (Doctors prescription/orders required. If a current Individualized Health Service Plan is available from the previous district, please present that at the time of registration. The registrar may have you speak with a school nurse)
- Migrant Education Service**
- Bilingual Education Services** (A class taught by a bilingual teacher or special pullout services provided by a bilingual ed. teacher)
- Gifted and Talented Education**
- Other:** _____

- NONE OF THE ABOVE**

Is student currently expelled? Yes No

Is student currently suspended? Yes No

California law requires the CNUSD to participate in the state testing and reporting program (STAR). Average parent education is used to evaluate how well students perform in comparison with students from other schools with similar populations.

Please respond by checking the box in front of the level of parent education:

- | | |
|---|--|
| <input type="checkbox"/> 14 Not a high school graduate | <input type="checkbox"/> 13 High school graduate (Earned High School Diploma) |
| <input type="checkbox"/> 12 Some college (Completed some college courses at a two or four year college or university. This does not include vocational or technical schools.) | <input type="checkbox"/> 11 Graduate of a 4-year college or university (Earned a Bachelor's Degree but Before Master's Degree) |
| <input type="checkbox"/> 10 Graduate School / Post Graduate Training (Earned a Master's Degree or Higher) | <input type="checkbox"/> 15 Decline to state or unknown |

Thank you for your assistance. For any questions regarding this portion of this form, please call the Assessment and Accountability Office, Curriculum and Instruction Division at (951) 736-5143.

Parent's Signature

Date