ESU 1
Form 14.0

SPECIAL SERVICES CUMULATIVE FOLDER REPORT

Date__________________ Student's Name ____

DOB ________________ Age____

Grade _______________ School ____

Date of Diagnosis ____

Special Services:

_____ Speech Therapy
_____ Resource
_____ Special Education ________________
_____ Occupational Therapy
_____ Physical Therapy
_____ Hearing Impairment
_____ Visual Impairment
_____ Other ____________________________

Remedial Areas:

_____ Speech _____ Math
_____ Visual _____ Spelling
_____ Auditory _____ Penmanship
_____ Motor _____ Language
_____ Reading _____ Other

COMMENTS:

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Teacher ____________________________________ Date ___________________________________

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If the student is enrolled in any special education program, contact the school for a copy of the IEP.
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