

**BERRIEN SPRINGS PUBLIC SCHOOLS / SUCCESS ACADEMY PROGRAMS
REVIEW OF PROGRAMS AND SERVICES: PLEASE PRINT CLEARLY**

Student's Last Name: _____		Student's First Name: _____
Age: _____	DOB: _____	Grade: _____
Phone: () -	Parent's Email Address: _____	

Has your student ever been enrolled in, or received services from, a public or private school?

YES - INDICATE SCHOOL & SERVICES BELOW

NO - SKIP TO DOTTED LINE

Previous School: _____		
City: _____	County: _____	State: _____
Phone: () -	Previous Principal: _____	

My student has had Special Education Services and/or other services below in the past:

_____	Special Education Services (IFSP/IEP)	Eligibility: _____
If so, provide a copy of the most recent IFSP/IEP and MET/evaluation report(s).		

For office use only: Send form to Mary Masciovecchio (Special Education)

_____	Section 504 Plan	Diagnosis/Disability: _____
If so, provide a copy of the most recent 504 Plan.		

For office use only: Send form to Chelsea Pollyea (Student Services)

_____	ESL Services	Primary Language: _____
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For office use only: Send form to building ESL teacher

_____	Title 1 Services
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For office use only: Send form to building Title 1 teacher

_____	Behavior Intervention Plan (BIP) or Child Study Team (CST)
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For office use only: Send form to building admin

If your student had any of the above programs and services, do you wish to continue them? YES / NO

My student has not had any of the programs/services listed above OR has been formally dismissed from such services - check here:

_____ **NO CURRENT PROGRAMS/SERVICES**