

Please take a moment to answer the following questions?

Does/Has your child receive(d):

- Special Education Services (IEP)? ___ Yes ___ No
- 504 Plan? ___ Yes ___ No
- Reading/Math Intervention Support? ___ Yes ___ No

If answered “Yes” to any of the above, provide additional information.

“We, Try Our Best. To Do Our Best. To Be Our Best.”

