Vernon Verona Sherrill Schools

=====================================================================

SPECIAL SERVICES FORM

Dear Parent or guardian,

Information regarding your child’s individual needs is essential in helping our VVS registration team to properly assist in enrolling your child. Please complete the questions below to the best of your knowledge.

Has your child received any of the following special services in the past?

\_\_\_\_ Resource Room or 12:1:1 classroom

\_\_\_\_ Self-contained classroom

\_\_\_\_ Speech therapy

\_\_\_\_ Occupational therapy

\_\_\_\_ Physical therapy

\_\_\_\_ Other

Does your child currently have an IEP or 504 plan?

\_\_\_\_ Yes

\_\_\_\_ No

\_\_\_\_ I’m unsure

For further information on special education services, visit the State Education website at [http://www.nysed.gov](http://www.nyseg.gov).

For specific questions regarding VVS special education services, please contact VVS Director of Special Education, Mr. Patrick Goodman at (315) 829-7435.