

Hancock Elementary School

3303 Taussig St, San Diego, CA 92124

Student Name: _____

DOB: _____ Incoming Grade: _____

Previous School Attended: _____

Previous School City/State: _____

Record of Programs & Services

To provide continuity in your child's education program, it is important that Hancock staff be informed of any special help your student has received and/or programs your student has participated in at their previous schools.

My student HAS been evaluated for and/or has received the following services: (check all that apply):

- ELD (English Language Development) or Bilingual Education
- G.A.T.E. (Gifted Education)
- Counseling
- 504 Plan
- ESCE (Early Childhood Special Education)
- Special Education
- Resource Specialist
- Specialized Academic Instruction
- Speech Language Services
- Occupational Therapy
- Adapted Physical Education
- Physical Therapy
- Music Therapy
- Vision Therapy
- Deaf/Hard of Hearing

- My student HAS NOT participated in any special programs**

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____