



Special Services Questionnaire

Student's Name: _____ **Class:** _____

We are your partner in your child's Early Christian Childhood Education (ECCE) along with you, their parent and/ legal guardian. We are not a Special Services Preschool Program and therefore have limited expertise, logistics and funds we can offer. We know with your partnership, we can try, to the best of our abilities, to provide the best ECCE for not only your child, but for the rest of his/her schoolmates. We also are aware that you would not have chosen our preschool program for your child if you and your Specialist did not think this would be a good program for him/her. However, if we discover after the first 4 weeks of preschool that this is not the right program for your child, we will refund your **June's 2025** tuition fee and remove your child from our roster, to enable you to find the right program for your child.

The success of your child in our program begins with our partnership with you. This questionnaire will begin to help us understand how best to assist your child. Please fill this questionnaire out and **return it to our preschool office no later than Thursday, August 29 (via Email is acceptable)** Your child's teacher will be in touch with you either to clarify questions she may have or set up a meeting with you and your child's Specialist. Failure to partner with us, will result in termination of enrollment of your child in our program.

✚ What is your child's Diagnosis and how do the symptoms present themselves:

✚ _____ My child is no longer needing services for this Diagnosis.

In what way can we be of service to you, if we notice these symptoms re-occurring?

✚ _____ My child is receiving services for this Diagnosis.

Please describe the services your child is receiving?

✚ **What are the techniques and/or therapies that your family and Specialist use to guide/coach your child through symptoms so they can re-gage with the class?**

✚ **My child will have a Specialist in preschool with them:** _____ **Yes** _____ **No**
If, yes, I understand it will be at my own expense.
1) How many hours per school day: _____ .
2) How many days per school week: _____ .

✚ **My child will see a Specialist after preschool:** _____ **Yes** _____ **No**
If, yes, not at the expense of the preschool.
1) How many days per school week: _____ . Hours: _____ per visit.

✚ **The name of the Specialist(s), the agency you work with and his/her contact information:**

✚ _____ **Yes, we have your permission to fill out paperwork from the Specialist and/or agency listed above for your child, _____ during the 2015-2016 school year if necessary.**

✚ _____ **Yes***, we have your permission to contact your specialist if any issues arise that we may need help with in regards to your child's educational development. **If this should occur, we will contact you within 24 hours.*

✚ **Paperwork to include with this questionnaire, if applicable:**

_____ **IEP**

_____ **Evaluations from previous Schools/ Specialists / Professionals**

_____ **Parent/ Legal Guardian information that might help us make your child have a successful preschool year.**

Specialist and Parent/ Legal Guardian has discussed and agreed upon this questionnaire:

Parent/ Legal Guardian Signature: _____ **/ Date:** _____

Specialist's Signature: _____ **/Date:** _____