

ROCKLIN UNIFIED SCHOOL DISTRICT  
**RECORD OF SPECIAL EDUCATION PROGRAMS**

To provide continuity in your child's educational program, it is important that we be made aware of any Special Education services he/she has been receiving. Please provide the following information to help us expedite your child's proper placement.

Name of Student \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

**My Child:** (Please initial all statements that are applicable.)

\_\_\_\_\_ is currently in a Special Day Class (SDC)

\_\_\_\_\_ is currently in a Resource Specialist Program (RSP)

\_\_\_\_\_ is currently receiving Speech/Language Therapy

\_\_\_\_\_ is currently receiving Adaptive Physical Education

\_\_\_\_\_ is currently receiving Occupational Therapy (OT)

\_\_\_\_\_ was referred and/or evaluated to receive Special Education services at

\_\_\_\_\_ School in \_\_\_\_\_ School District

\_\_\_\_\_ copy of current IEP is attached (*required*)

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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For School Office use:

1. If the student is currently receiving Special Ed services, **notify the Special Education teacher (RSP or Speech) or the Program Specialist (SDC)**, and forward to the appropriate Special Education teacher or support staff.