



San Diego Unified School District

MILLER ELEMENTARY SCHOOL

4343 Shields St., San Diego, CA 92124 Phone: (858) 221-5200

Fax: (858) 221-5249

EDUCATIONAL INFORMATION

Child's Name: _____ Grade: _____ Birthdate: _____

School last attended: _____ District: _____

Parent(s) Name: _____

Parent(s) Signature: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

TO BETTER IDENTIFY THE EDUCATIONAL NEED(S) FOR YOUR CHILD PLEASE ANSWER THE FOLLOWING:

1. Has your child been identified as GATE (Gifted and Talented Education)?

No _____ Yes _____ Cluster _____ NA _____

2. Has your child ever repeated a grade?

No _____ Yes (Grade Level) _____ NA _____

3. Does your child have any medical concerns?

No _____ Yes _____

If yes, please describe _____

4. Does your child have a current IEP (Individualized Education Plan)?

No _____ Yes (Please give us a copy if yes) _____

If yes, what services does your child receive based on his/her IEP)

_____ Resource Specialist Program

_____ Special Day Class

_____ Speech

_____ Occupational Therapy

_____ Physical Therapy

_____ Adapted Physical Education

Other, please explain _____

5. Does your child have a current ISP (504 Individualized Service Plan)?

No _____ Yes (Please give is a copy if yes) _____

6. Is there anything else you would like us to know about your child?

