

Muirlands Middle School  
INPUT INFORMATION FOR COUNSELORS & SCHOOL NURSE

To provide continuity on your child's educational program, it is important that we be made aware of any special help he/she may have received or programs he/she has participated in at previous schools. Please give us the following information to help expedite your child's proper placement.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

1. \_\_\_\_\_ My child has NOT participated in any special programs.

2. \_\_\_\_\_ My child HAS participated in program(s) checked below:

\_\_\_\_\_ Advanced Classes:

\_\_\_\_\_ Math

\_\_\_\_\_ Humanities (English and Social Studies)

\_\_\_\_\_ Fine Arts (Band, Chorus, Orchestra)

\_\_\_\_\_ World Languages

\_\_\_\_\_ Gifted and Talented Certification

\_\_\_\_\_ Seminar Certification (Documentation must be provided)

\_\_\_\_\_ Special Education Certification

\_\_\_\_\_ Active Individual Education Plan (IEP):

\_\_\_\_\_ Resource Specialist Study Skills

\_\_\_\_\_ Special Day Instruction

\_\_\_\_\_ 504 Plan

\_\_\_\_\_ English as a Second Language:

\_\_\_\_\_ Beginning

\_\_\_\_\_ Intermediate

\_\_\_\_\_ Advanced

\_\_\_\_\_ Special Health Needs Identified/Services Provided:

\_\_\_\_\_ Learning Disability

\_\_\_\_\_ Speech Therapy

\_\_\_\_\_ Hearing Impaired

\_\_\_\_\_ Visually Handicapped

\_\_\_\_\_ Emotionally Disturbed (SED)

\_\_\_\_\_ Adapted Physical Education

\_\_\_\_\_ Behavior Modification Plan

\_\_\_\_\_ Multiple Handicapped

\_\_\_\_\_ Medication

\_\_\_\_\_ ADD/ADHD

\_\_\_\_\_ A Specific Health Condition

\_\_\_\_\_ Specialized Health Procedures

\_\_\_\_\_ Free/Reduced Lunch

\_\_\_\_\_ Other: \_\_\_\_\_

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Parent/Guardian Signature

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Date