

NAME OF STUDENT _____

ABOUT YOUR CHILD

The following information is solely for the purpose of helping us better serve your child and keep your child safe during school. This information will be held in the strictest confidence and is for school use only.

Does your child have an IEP (Individualized Educational Plan) and/or IHCP (Individualized Health Care Plan) at his/her public school?

- IEP only**
- IHCP only**
- Both**

Special Health Care Needs, to include allergies, asthma, physical, developmental/cognitive, and emotional health needs (include a separate sheet if necessary) or attach IEP or IHCP.