



COMPTON UNIFIED SCHOOL DISTRICT

Student Registration Form

Please fill out this Student Registration Form completely:
use a check or "N/A (not applicable)" where it is appropriate.

Special Needs Survey

Student's Name: _____
Student's Last Name Student's First Name Student's Middle Name

Gender: _____ Date of Birth: _____
M/F/X Month day year

*Authorized person: _____
Last Name First Name Middle Name

***Authorized Person** means one with educational rights and/or the individual one who is authorized to sign on Special Education Documents.

Special Needs Survey

- Resource Specialist Program: Yes No
- Special Day Class: Yes No
- Non-Public School: Yes No
- County Placement: Yes No
- **Designated instruction and services: Yes No

Did your child receive any of the following Programs or services?

please check Yes or No, for example:

Yes No

****For example, Speech, Adaptive Physical Education, Counseling, etc.**

Section 504 Services	Gifted and Talented Education (GATE)
Does your child have a Section 504/Accommodations Plan?	Was your child in a GATE Program?
Yes No	Yes No

Office use only: do not write below this line.

Residence setting: _____	% in Special Ed: _____
AB 3632 <input type="checkbox"/> True <input type="checkbox"/> False	Last IEP (date): _____
Transportation: _____	Next IEP (date): _____
Workability <input type="checkbox"/> True <input type="checkbox"/> False	Last evaluation (date): _____
Extended year: <input type="checkbox"/> True <input type="checkbox"/> False	Next evaluation (date): _____
IEP (14+) <input type="checkbox"/> True <input type="checkbox"/> False	Infant setting (0-2 only): _____
Participation in the STAR Assessment: _____	Preschool: _____
Inter-SELPA district permit (Please identify the District below.)	Disability code: _____
_____	P/S: _____
Name of District	Placement date: _____
	HCP: _____