

Michigan Islamic Academy
"...AND SAY: LORD, INCREASE ME IN KNOWLEDGE"
2301 Plymouth Road Ann Arbor, Michigan 48105
Phone: 734-665-8882 Fax: 734-665-9058



Special Education Services

Student Name: _____

Grade: _____ Date: ____/____/____

1. Have you ever attended an I.E.P.C. (Individualized Educational Planning Committee) meeting where your child's eligibility for Special Education was discussed? (Circle one) YES | NO
If YES, where and when:

2. Is your child currently enrolled in Special Education or has s/he received special education services in the past? (Circle one) YES | NO

3. My child does not receive special services; but they do have a 504 plan. (Circle one) YES | NO

4. Did your child receive any other special services, such as social work referrals to other sources, counseling, tutoring, etc.? (Circle one) YES | NO

If YES, please explain:

5. If your child has been a part of a Special Education program, do you have a copy of your child's current I.E.P. (Individualized Education Plan)? (Circle one) YES | NO

If NO, please obtain and provide the I.E.P. to the school before a scheduled I.E.P.C.

6. Do you feel your child is a candidate for Special Services? (Circle one) YES | NO

If YES, please explain:

7. Have you ever had discussions with any school personnel regarding your child being tested for academic, behavior, or emotional concerns? (Circle one) YES | NO
If YES, what was their position:

8. When is the best time to contact you by phone? _____