



CAPISTRANO UNIFIED SCHOOL DISTRICT  
Oak Grove Elementary School  
Aliso Viejo, California

## Special Programs Survey

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please circle all that apply:**

Yes No Reading Lab

Yes No Resource Specialist Program (RSP)

Yes No Learning Handicapped (LH)

Yes No Communication Handicapped (CH)

Yes No Speech Therapy

Yes No English as a Second Language

Yes No Gifted & Talented Education (GATE/AAA)

Yes No My child had psychological testing

Yes No My child has/had an IEP

***If you answer yes to any of the above questions, please see the school office staff to complete a "Parent Permission for Release of Information" form***

Yes No There are there special custody regulations regarding my child

***If yes, please provide the most current signed and dated court documentations***

Yes No My child takes daily medication

Yes No My child will have medication available at the Health Office

***If yes, please have a Doctor complete and sign one "Medication Release" for per medicine***