

# Gates County High School

*Home of the **Red** Barons*

*“Soaring on the Wings of Success”*

## VERIFICATION OF EXCEPTIONAL PROGRAMS INFORMATION SHEET

It is important that you answer this information truthfully and to the best of your knowledge. The information collected on this sheet will be used to help place your child or children into the appropriate class to receive needed services through the Exceptional Children’s Program.

**Please check the correct answer:**

- My Child **DOES** have an IEP Plan (Individualized Education Program).
- My Child **DOES NOT** have an IEP Plan (Individualized Education Program).

**Please check the correct answer:**

- My child **DOES** have a 504 Plan.
- My Child **DOES NOT** have a 504 Plan.

If you checked **DOES NOT**, please sign and date below . If you checked **DOES**, please sign, date and complete the remaining portion of this information sheet.

- **My child’s category is:** \_\_\_\_\_
- **My child was placed into the Program on:** \_\_\_\_\_
- **My child was retested on:** \_\_\_\_\_
- **My child was tested out of the program on:** \_\_\_\_\_

**Student’s Name** \_\_\_\_\_

**Grade** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**This information is correct and truthful to the best of my knowledge.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**