OCILE SPECIAL STUDENT NEEDS
Balboa Park Program

School: _____ Room: _____

Name: _____

Phone Number: _____ Date Attending: _____

- Indicate any relevant special needs for students coming to the OCILE Programs (students needing separation from each other, behavior problems, etc.).
- Attach IEP as necessary.
- Input from the classroom teacher, district counselor and the resource specialist is required information.
- This is essential information that can affect your student's success at Balboa Park Program.

STUDENT NAME	SPECIAL CLASS *	SPECIAL NEEDS &/OR BEHAVIOR	SUGGESTIONS

*Examples of types of special classes: PACE ED ILS SDC DHH VI

RETURN THIS FORM AT LEAST <u>THREE WEEKS</u> BEFORE YOUR STUDENTS ARE SCHEDULED. Return form to site OCILE Coordinator who will forward to the Balboa Park Program.

- If students have no special needs, write **"No special needs"** and sign.

_____ _____

Signature Date