

BUFORD CITY SCHOOLS

Department of Special Education

REQUEST FOR INFORMATION CONCERNING STUDENTS WITH DISABILITIES ENROLLED IN HOME SCHOOL OR PRIVATE SCHOOL

Please complete this form if your home school student has been identified as having a disability as defined by the Individuals with Disabilities Education Act (IDEA) or if you suspect that she/he has such a disability.

A student has such a disability if she/he has been provided an Individualized Educational Program (IEP) at public school. If so, the parents/guardians would have been invited to attend IEP meetings and would have signed a Parental Consent for Placement in Special Education form.

Home School students with disabilities in Georgia may be entitled to public school special education services. Please see the attached information sheet for further explanation.

1. Name of Student: _____

2. Date of Birth: _____

3. Address: _____

4. Telephone Number: _____

5. E-mail Address: _____

6. Last School: _____

7. Type of disability: _____

8. If you suspect that your home school student has a disability, are you requesting an evaluation for services?

___ Yes ___ No Explain:

9. What type of special education services would you recommend that Buford City Schools provide for home school students with disabilities?

10. In what location would you recommend that such services be provided?

11. How would you recommend that such services be evaluated?

12. Any other comments or suggestions would be appreciated.

If you have questions about special education services, please contact:

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