

# SEVIER COUNTY DEPARTMENT OF SPECIAL EDUCATION

320 Cedar Street - Sevierville, TN 37862  
(865) 453-1036 FAX (865) 453-3112

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## CONTINUATION OF EDUCATIONAL SERVICES

Name of Student: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

School District, State: \_\_\_\_\_

Over what dates did the student attend? (month-year to month-year)? \_\_\_\_\_

1. What was the last full grade the student completed? \_\_\_\_\_
2. Did this student ever receive Speech, Resource, Occupational Therapy, Physical Therapy, Vision or similar supporting services?    \_\_\_ Yes \_\_\_ No
3. If "Yes" for question #2, when was the last school year the student received such services?  
\_\_\_\_\_
4. Does the student still require these services?    \_\_\_ Yes \_\_\_ No
5. Has the student ever been diagnosed with any of the following conditions?  
\_\_\_ Learning Disability    \_\_\_ Mental Retardation    \_\_\_ Intellectual Giftedness  
\_\_\_ Speech Impaired    \_\_\_ Language Impaired    \_\_\_ Emotional Disturbance    \_\_\_ Autism    \_\_\_ Health Impaired  
\_\_\_ Physically Impaired    \_\_\_ Deaf    \_\_\_ Hearing Impaired  
\_\_\_ Blind    \_\_\_ Visually Impaired    \_\_\_ Deafblindness    \_\_\_ Multiple Disabilities    \_\_\_ Functionally Delayed  
\_\_\_ Developmentally Delayed    \_\_\_ Traumatic Brain Injury

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**NOTICE:** When completed, this form contains confidential information to be shared only with those directly involved in the student's educational placement. It is intended to be used with the rest of the initial intake paperwork. Also, the completed form can be sent to gaining school systems that request records from Sevier County schools.