Office of Special Education and Student Services
Department of Special Education Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS
CLEAR FORM

EDUCATIONAL HISTORY
Confidential

Student Name _____ I.D. No. _____ Date ____/____/____
Last *First* *MI* *To Be Returned*

Date of Birth ____/____/____ Chronological Age _____ Teacher _____ Grade _____

Current School _____ Home School _____

PART I: HEALTH RECORD REVIEW

A. Vision Screening: ____/____/____ _____ Glasses: ❑ Yes ❑ No
Date *Results*

B. Hearing Screening ____/____/____ _____ Hearing Aid: ❑ Yes ❑ No
Date *Results*

C. Indication of Medical Concerns: ❑ Yes ❑ No

PART II: SCHOOL HISTORY INFORMATION

A. Preschool: ❑ Yes ❑ No ❑ Not applicable after the third grade

B. Schools Attended – Kindergarten through Present:

School	Grade(s)	School	Grade(s)	School	Grade(s)

C. List grades with absence of over 20 days/year or loss of credit due to attendance. _____

Cause if indicated in record _____

_____

D. Retention: ❑ Yes Grade _____ ❑ No

PART III: ACADEMIC RECORD REVIEW (Use MCPS Form 336-01: *Addendum to MCPS Forms* to continue record review.)

A. General Education Program: (Must include synthesis of past classroom performance, classroom accommodations, and general test information. Attach report cards, SRS cards, teacher reports, EMT notes, etc., as relevant.)

B. Previous Testing for Consideration for Special Education Services:
❑ Yes (List type of assessments(s) and date(s).) ❑ No

C. IEP for Special Education Services ❑ Yes ❑ No

Disability Code(s)	Program(s)

Prepared by: _____ _____ ____/____/____
Signature *Title* *Date*

Attach to MCPS Form 336-11: *Referral for Special Education Screening.*