PIERCE COUNTY SCHOOL SYSTEM
Special Education Department
Parent/Guardian/Surrogate Report

Student's Name:_____ Grade:_____ Date:_____
School: _____
Parent's/Guardian's/Surrogate's Name:_____

Please tell us about your child. Include information about medical background, ability to follow rules and complete assigned responsibilities, capability of getting along with you and other family members, and feelings about school. Also, relate any additional information or concerns you may have about your child.

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(Signature) (Date)