



FANNIN COUNTY SPECIAL EDUCATION SSA

*Serving Bonham, Dodd City, Ector, Fannindel, Honey Grove,
Leonard, Sam Rayburn, Savoy & Trenton ISDs*

Sara Baker, Director

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DIRECTIONS: Please fill out either the **private schools** survey **OR** the **home schools** survey and complete the contact information requested at the bottom of the survey. Thank you for your help.

Private Schools Survey:

Please circle the appropriate answer to three questions listed below. This information is only used to determine if the school is a private school as defined by the Texas Education Agency for determination of special education services.

- YES NO 1. This school is a non-profit entity as determined by IRS guidelines.
- YES NO 2. This school provides elementary or secondary education that incorporates an adopted curriculum designed to meet basic educational goals, including reading, spelling, grammar, mathematics and a study of good citizenship. The school's curriculum includes a scope and sequence of courses.
- YES NO 3. This school conducts formal reviews and documentation of student progress.

This Private School has _____ children in attendance who are identified as having disabilities or suspected of having disabilities.

Home Schools Survey:

Please circle the appropriate answer to three questions listed below. This information is only used to determine if the home school is a private school as defined by the Texas Education Agency for determination of special education services.

- YES NO 1. This school provides elementary or secondary education that incorporates an adopted curriculum designed to meet basic educational goals, including reading, spelling, grammar, mathematics and a study of good citizenship.
- YES NO 2. This school's curriculum includes a scope and sequence of courses.
- YES NO 3. This school conducts formal reviews and documentation of student progress.

This Home School has _____ children in attendance who are identified as having disabilities or suspected of having disabilities.

Home School/Private School Provider Contact Information needed for follow-up to discuss services available for students with disabilities:

Contact Name: _____

Contact Phone #s: _____

Contact Address: _____