

PARENTAL DISABILITY(IES) NEEDS ASSESSMENT FORM
ICHABOD CRANE CENTRAL SCHOOLS
2910 Route 9, Box 820
Valatie, New York 12130

From Name:
Address:
Home Phone:
Work Phone:
Cell Phone:
The following list (or attached sheet) indicates the disabled person(s) in parental relation to a district student, as well as the desired special services (e.g., sign language interpreter; Braille documents) to be provided by the district during academic-related functions (e.g., parent teacher conferences):
Disability Services Needed:

Return to: Superintendent of Schools, 2910 Route 9, Box 820, Valatie, New York 12130