

Wakulla County Schools
FOLDER CHECKLIST

Student Name: _____ Student Number: _____

Place an X in the box representing all ESE programs in which the student is or has been enrolled in the district, as indicated in this ESE folder.

- Autism Spectrum Disorder
- Deaf/Hard of Hearing
- Developmentally Delayed (0-2)
- Developmentally Delayed (3-5)
- Dual Sensory Impaired
- Emotional Behavior Disorder
- Established Conditions
- Gifted
- Hospital/Homebound
- Intellectually Disables
- Language Impaired
- Occupational Therapy
- Orthopedically Impaired
- Other Health Impaired
- Physical Therapy
- Specific Learning Disabilities
- Speech Impaired
- Traumatic Brain Injury
- Visually Impaired