

EDUCATIONAL NEEDS FORM

Thank you for your interest and support of Catholic Education. We share your interest in helping your child experience success in his/her educational endeavors. In order for us to work cooperatively to establish the best learning environment to meet your child's needs, we ask that you complete this form.

In order to meet your child's educational needs more completely, we need to know if your child has ever been evaluated by the Special School District, a physician, psychologist, UMSL, the St. Louis Archdiocese Department of Special Education, or any private agency for learning difficulties.

If there are records that we need in order to best meet the learning needs of your child, contact the agency where the testing was done and request that we receive the results from the evaluation.

Student Name _____

_____ **No, my child has never been evaluated.**

_____ **Yes, my child has been evaluated by (List the name of the evaluating agency)** _____ **Year of Evaluation** _____

My child was diagnosed as

_____ Attention Deficit/Hyperactivity Disorder	_____ Behavioral Disordered
_____ Learning Disabled	_____ Language Impaired
_____ Educationally Handicapped	_____ Speech Impaired
_____ Emotional Disorder	_____ Hearing Impairment
_____ Asperger's Syndrome/Autistic	_____ Visual Impairment
_____ Other _____	

_____ My child receives SNAP services from the public school district in the area(s) of (speech therapy, learning disability, etc.) _____

(Please attach a copy of the most recent evaluation report and Services Plan.)

_____ My child receives services from other professionals or agencies. Please list agencies and services _____

_____ My child receives the following accommodations (must be documented through an evaluation, IEP, or other educational plan conducted by appropriate, qualified professionals or agencies). (Please attach a copy of the most recent evaluation report and Services Plan.) _____

Does your child have any special needs that should be addressed in order to make learning easier? (Eyesight, hearing, other medical conditions, physical disabilities, attends counseling, etc.) Please describe. _____

Parent/Guardian Signature _____ Date _____