

Student Information

Student's Name: _____ Grade: _____

In order to assist your child in his/her academic process, it is useful for the school to have the following information:

1. Does your child have vision or hearing problems? If yes, please explain.

2. Does your child have any speech or language problems? If yes, please explain. Has your child received any services for this? If yes, where and when?

3. Has your child ever been diagnosed with a learning problem or other condition (such as ADD, dyslexia, autism, Tourettes, etc.)? If yes, please explain.

4. Does your child receive any special services now, or has he/she in the past? If yes, please explain.

5. Does your child take any medication for any of the issues mentioned above? If yes, please explain. Are there any side effects about which the teacher should be aware?

6. Are there any other concerns you feel the teacher should know about to help your child?
