



## STUDENT NEEDS ASSESSMENT FORM

This form shall be completed by the parent/guardian of any child that is enrolled at or applying to Lake Country School. Please return this form when registering your child. Any information given will be treated confidentially. **Return this form to the school office.**

Date: \_\_\_\_\_

Please check one:  Resident  Non-resident/Open Enrolled

Student's First Name

Student's Last Name

Student's Date of Birth

**Please check any of the following educational circumstances that pertain to your child.**

- Physical or Orthopedic Disabilities
- Cognitive Disability
- Hearing Impairment (Uncorrected)
- Visual Impairment (Uncorrected)
- Speech or Language Disabilities
- Emotional Disability
- Learning Disability
- Gifted/Talented Programming
- Chapter I (Reading, Math)
- Other Handicapping Conditions \_\_\_\_\_

Have there been any recent events that might affect your child emotionally, and thus affect school performance? (i.e. birth, death, remarriage, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been retained for a grade or entered school one year late or one year early?

\_\_\_\_\_  
\_\_\_\_\_

Explain other points that you would like the school to take into consideration in working with your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
Parent/Guardian Signature Date