



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