

STUDENT NEEDS ASSESSMENT FORM

Please check one: Resident _____ Non-resident _____

This is to be completed by the parent/guardian of any child that is enrolled and those applying to our school system. Please return this form when registering your child. Any information given will be treated confidentially.

Date: _____

Student's Name

Student's Birthdate

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.

Parent/Guardian Signature

Date

Please return this form to the school office.