

## EDUCATIONAL NEEDS FORM

Thank you for your 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 take a few moments to complete this form. To meet your child's educational needs more completely, we need to know if your child has ever been evaluated or seen by a physician, psychologist, your local school district, or any private agency for learning and/or emotional difficulties.

**Student Name:** \_\_\_\_\_ **Class of:** \_\_\_\_\_

- No**, my child has never been evaluated.  
 Although my child has never been evaluated, I have concerns regarding his/her learning needs.
- Yes**, my child has been evaluated by (List the name of the evaluating agent and/or doctor.): \_\_\_\_\_ Year of evaluation: \_\_\_\_\_  
My child was diagnosed with:  
 non-handicapped (no label given)  
 Attention Deficit/Hyperactivity Disorder  
 inattentive type     hyperactive-impulsive type     combined type  
 Specific Learning Disability  
 Language Impairment  
 Speech Impairment  
 Psychological/Emotional Disorder (i.e., depression, bipolar, anxiety)  
please explain \_\_\_\_\_  
\_\_\_\_\_  
 Other (please explain) \_\_\_\_\_  
\_\_\_\_\_
- My child receives services from the public school district.  
 My child sees or has seen a psychiatrist/psychologist/licensed counselor  
 My child takes medication due to his/her special needs.  
Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Schedule: when? \_\_\_\_\_ where (home/school)? \_\_\_\_\_

**Please attach a copy of the most recent evaluation report and/or service plan or mail separately to school. If the evaluation was for a medical condition (i.e., AD/HD), please attach documentation from the diagnosing professional.**

The best time for the Learning Consultant or Guidance Counselor to reach me during the day to discuss my child's needs is \_\_\_\_\_ at (phone #) \_\_\_\_\_.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_