

**St. Xavier High School**  
**Services for Students with Disabilities (SSD)**  
**Request Form**

St. Xavier High School recognizes that some student experience academic difficulties due to a learning disorders, attention issues, or other learning challenges. In some cases, students may require an Accommodation Plan and/or support from a specialist. Accommodations that can be implemented within the regular classroom environment (e.g. extended time on classroom tests/quizzes/exams, preferential seating, physical needs assistance) will be considered.

St. Xavier has created the Intervention Assistant Team (IAT) to examine such cases. As part of the process, the IAT evaluates all current documents (e.g., Evaluation Team Report, IEP, ISP, psychological evaluation) and develops an Accommodation Plan. The Plan provides the students with reasonable academic and behavioral accommodations.

In effort to facilitate the process, St. Xavier requests all relevant documentation about your son be sent to St. Xavier by the date listed below. **Documentation should include both of the following:**

1. The 8<sup>th</sup> grade Accommodation Plan and/or the 8<sup>th</sup> grade ISP or IEP
2. A current Evaluation which should include:
  - Identification of the specific disability (according to the DSM-V)
  - A current evaluation (completed within the last three years & include both IQ testing and Achievement Testing)
  - Description of presenting problem(s) and developmental history, including relevant education and medical history
  - Description of the comprehensive testing, and, as appropriate, complete ocular, audiologic, or other diagnostic exam
  - Description of the substantial limitations (e.g. adverse effects on learning, academic achievement, or other major life activities) resulting from the impairment, as supported by test results
  - Description of the specific recommended accommodations and provides rational explaining how these specific accommodations address the substantial limitations
  - Establishes the professional credentials of the evaluator(s), including information about licensure or certification, education and area of specialization, along with their signature(s)

**Please submit documentation along with this form to the school by March 1<sup>st</sup>. Documentation received after March 1<sup>st</sup> could result in a delay of the development of an accommodation plan.** Please indicate the disability identified in the documentation. Please indicate, check or circle all that apply:

- \_\_\_\_\_ ADHD (*please circle*: Combined Type; Predominantly Hyperactive-Impulsive Type; Predominantly Inattentive; Not Otherwise Specified (NOS))
- \_\_\_\_\_ Autism Spectrum (including Asperger's)
- \_\_\_\_\_ Dysgraphia
- \_\_\_\_\_ Dyslexia
- \_\_\_\_\_ Psychological/Psychiatric Disorder (e.g. Generalized Anxiety, Depression, etc.) (*please indicate*) \_\_\_\_\_
- \_\_\_\_\_ Hearing Impairment
- \_\_\_\_\_ Medical (e.g. diabetes, Crohn's Disease, etc.) (*please indicate*) \_\_\_\_\_
- \_\_\_\_\_ Speech/Language Disability
- \_\_\_\_\_ Specific Learning Disorder (*please circle*: impairment in reading, written language, math)
- \_\_\_\_\_ Visual Impairment
- \_\_\_\_\_ Other (*please indicate*) \_\_\_\_\_

**Name of Student** (*please print*): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Parent(s)** (*please print*): \_\_\_\_\_

**Parent Phone Number** (h) \_\_\_\_\_ (c) \_\_\_\_\_

**Grade School:** \_\_\_\_\_ **email address:** \_\_\_\_\_

If you have specific questions, please contact Dr. Charlene Ponti (School Psychologist) at 761-7815 x592 or Mrs. Michelle Yauss (Intervention Specialist) at 761-7815 x309. For additional information, please visit our website [www.stxavier.org](http://www.stxavier.org) and click on the *Services for Students with Disabilities* link.