

# Learning Support Parent Questionnaire

ISB is an inclusive school that strives to meet the needs of diverse learners. ISB makes every effort to ensure resources and teaching matches our students' learning needs. In order to know your child better, please provide us with additional information that will help our team during the application process and in the future should your child join our learning community.

Applicant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Proposed Entry (Month/Date/Year): \_\_\_\_\_ Proposed Entry Grade: \_\_\_\_\_

Estimated length of child's enrollment: \_\_\_\_\_ years

Has your child received a medical or psycho-educational diagnosis of any kind?    Yes     No   
 If so, please list or explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Please indicate if your child has or has had an identified need for any of the followings :**  
 Please write yes or no for every entry

|  | Please Check |    | Who<br>(Name, email and phone number of current or last support person) | Why<br>(Reason for needed support) | Start/<br>End Date |
|--|--------------|----|---|------------------------------------|--------------------|
|  | Yes          | No |   |                                    |                    |
| Speech/Language Therapy                              |              |    |   |                                    |                    |
| Occupational Therapy                                 |              |    |   |                                    |                    |
| Physical Therapy                                     |              |    |   |                                    |                    |
| Counseling or Psychological Therapy                  |              |    |   |                                    |                    |
| Learning Support and/ or Individual Educational Plan |              |    |   |                                    |                    |
| One on One Classroom Support                         |              |    |   |                                    |                    |
| Behavioral Intervention Plan                         |              |    |   |                                    |                    |
| Social Emotional Skill Training                      |              |    |   |                                    |                    |
| On-going Medical Support of any Kind                 |              |    |   |                                    |                    |

\*For every entry above, please send the most recent, corresponding report, ie. Psycho-educational evaluation, Functional Behavior Assessment, therapeutic plan, medical summary, ect.

Is your child currently taking any prescription medications? Yes  No

| Name of Medication | Reason for Use | Dose | Since |
|--------------------|----------------|------|-------|
|                    |                |      |       |
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What do you consider your child's greatest strength(s)?

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What are you hoping to find for your child in a new school?

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Your child's application is important to us. All documents must be in English. If you have the document in a language other than English, please provide a translated version of the document and a copy of the original document.

