



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 match 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: _____ Date of Birth(MM/DD/YYYY): _____

Has your child received a medical or psycho-educational diagnosis of any kind? Yes No

If so, please list and 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 (Name, email and phone number of current or last service provider)	Why (Purpose of interverntion)	Start/ 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					
Support with social Emotional Skills					
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, therapy report, etc.

Is your child currently taking any prescription medications? Yes No

Name of Medication	Reason for Use	Dose	Date Began

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.

Signature of parent/ guardian: _____

Date: _____

