



LAWRENCE ACADEMY Disability Disclosure

It is the intention of Lawrence Academy to support all students in a professional and appropriate manner. If your child requires special assistance due to a diagnosed disability (e.g. specific learning disorder, ADHD, vision or hearing impairment, or health-related issues, etc.) information may need to be shared with specific faculty/staff members to ensure that appropriate support and approved accommodations can be provided. If you choose to disclose this information, you need to:

- Review our Policy on the Documentation of Disabilities and the Granting of Accommodations (*document is located on the Learning Support web page*).
- Complete, sign, and return this form **by July 15th**.
- Submit documentation of a diagnosed disability, if not already submitted (*documentation includes neuropsychological, psychological, or educational testing reports; active IEPs/504 plans; medical reports or doctor statements; etc.*).

Student Name: _____ DOB: _____ Year of Graduation: _____

I hereby consent to the disclosure of information contained in the documentation I submitted to Lawrence Academy pertaining to my child's learning difference and/or diagnosed disability. This information will be disclosed to those faculty and staff members to whom the disclosure of such information is deemed by the head of school to be reasonably necessary to support my child's full participation in the Lawrence Academy community. A Learning Profile is the written document used by Lawrence Academy to share such information when accommodations are necessary.

Furthermore, I understand that all testing and/or other supporting documentation must be on file at Lawrence Academy by **July 15th** so reasonable accommodations can be approved before the start of school. (Often, this documentation is received during the admission process; however, if you have not sent it in, you may do so with this form.)

This authorization will remain in effect until revoked by the student or parent/guardian of the student, if under 18.

Parent/Guardian Printed Name _____

Parent/Guardian Signature: _____

Date: _____
