

# PARK RAPIDS AREA SCHOOLS-SPECIAL NEEDS FORM

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

SUBJECT: Special needs. Please answer the following so we may better serve your child.

1. My child was enrolled in a remedial program (Title I): YES or NO

2. My child has an IEP for the following areas (please check all that apply):

\_\_\_\_\_ ASD (Autism Spectrum Disorder)

\_\_\_\_\_ DAPE (Developmental Adapted Physical Education)

\_\_\_\_\_ DCD:MM (Developmental Cognitive Disability: Mild-Moderate)

\_\_\_\_\_ DCD:SP (Development Cognitive Disability: Severe-Profound)

\_\_\_\_\_ DD (Developmental Delay Early Childhood)

\_\_\_\_\_ DHOH (Deaf-Hard of Hearing)

\_\_\_\_\_ E/BD (Emotional/Behavioral Disorder)

\_\_\_\_\_ OHD (Other Health Disability)

\_\_\_\_\_ OT (Occupational Therapy)

\_\_\_\_\_ PI (Physically Impaired)

\_\_\_\_\_ PT (Physical Therapy)

\_\_\_\_\_ S/L (Speech/Language Impaired)

\_\_\_\_\_ SLD (Specific Learning Disability)

\_\_\_\_\_ SMI (Severely Multiply Impaired)

\_\_\_\_\_ TBI (Traumatic Brain Injury)

\_\_\_\_\_ VI (Visually Impaired)

3. My child wears glasses: YES or NO.

4. My child has behavior problems in school: YES or NO.

5. OTHER: \_\_\_\_\_.

DATE: \_\_\_\_\_

Parent/Guardian Signature