Learning Differences/Special Needs Form

[Submit only if your child has a diagnosed difficulty or disability that affects learning or classroom performance]

Student Name _____ **Fr So Jr Sr**

Last First Middle Circle

Parent(s): _____

Email: _____ Phone: _____

Please check the condition(s) that affect learning or classroom performance.

- ☐ Learning disability or learning difficulties
- ☐ Attention Deficit/Hyperactivity Disorder (AD/HD)
- ☐ Autism Spectrum Disorder (ASD)
- ☐ Speech/language disability
- ☐ Emotional or psychological difficulties
  - ☐ I give permission to share this information with the Counseling Dept. _____ (signature)
- ☐ Health or medical condition which affects learning
- ☐ Vision/Hearing Impairment

Information Supporting Adjustments

Parents or guardians must provide current (**within three calendar years**), accurate information regarding the student's need to assist MUHS in determining whether accommodations are possible. Check the evaluations or assessments you will be submitting for consideration.

- ☐ Medical evaluation (dated: _____)
- ☐ Psycho-educational evaluation (dated: _____)
- ☐ Speech and Language evaluation (dated: _____)
- ☐ Other Professional Assessment (specify: _____)

Has the student ever been evaluated for and/or received an Individualized Education Plan (IEP) or a Section 504 Plan from a school or school district? ☐ Yes ☐ No

If yes, please submit document(s).

PLEASE RETURN THIS COMPLETED FORM AND SUPPORTING DOCUMENTATION TO Stephanie Radomski—DIRECTOR OF LEARNING SERVICES

Once information is received, appropriate school staff will review and communicate via email in a timely manner.