



To help identify educational needs of students and help us plan better throughout the school year, please complete the following:

1. Does your child have any identified learning problem? Please explain.

2. Has your child had special testing by a school psychologist or guidance counselor? If so, when?

- 3a. Has your child ever been recommended for or placed in a special education class?

- 3b. Has your child ever been recommended for or placed in the GATE Program?

4. Has your child ever had speech therapy? If so, describe the nature of the problem.

5. Has your child ever had a hearing or eyesight problem?

6. Does your child have a physical disability?

- 7a. Does your child have a current I.E.P.?

- 7b. Has your child ever had an I.E.P.?

Child's Name

Parent/Guardian Signature