

Academic Needs Information

In an effort to better meet the needs of our students, the following information is requested. Providing this information is completely voluntary. This information will be kept confidential and **will not** be used for screening purposes. Relevant information may be provided to administration, counselors and teachers in order to best meet the needs of the individual student. This form only needs to be completed if applicable.

Student Information:

Name: _____ Birthdate: _____

Today's Date: _____ Graduation Year: _____

Previous School: _____

Academic /Cognitive Evaluations:

Where was the testing / diagnosis completed? _____

Date of last evaluation: _____ Date of original diagnosis: _____

Did the student have a BK accommodation plan last year? _____

Did the student have a 504 or IEP from previous school? _____

Will the student be requesting accommodations for college entrance exams? _____

Please check any or all that may apply:

- ADD /ADHD
- Anxiety disorder
- Auditory processing difficulties
- Autism
- Behavioral concerns (OCD, ODD, etc...)
- Depression
- Hearing impairment
- Impulsive behavior
- Learning disorder
 - Reading
 - Writing
 - Math
- Motor skills deficiencies
- Physical limitations: _____
- Other information that may be helpful:

Please attach a copy of current documentation (504, IEP, evaluations etc...)