

Academic Need Information

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

Student Information

Name _____

Today's date _____

Graduation date _____

Date of last testing or diagnosis _____

Please check boxes that may apply

- Vision
- Hearing
- Motor Skills
- Aspergers
- Autism
- Physical limitations _____
- Anxiety
- ADDHD
- ADD
- Oppositional Defiant Disorder
- Inconsistent Effort/Homework completion
- Impulsive behavior
- Auditory processing
- Developmental Reading Disorder (i.e. Dyslexia)
- Developmental Writing Disorder
- Developmental Arithmetic Disorder (i.e. dyscalculia)
- History of an IEP
- History of 504
- Gifted and Talented program
- Struggles in specific academic area _____
- Other information