



## SPECIAL NEEDS INFORMATION DISCLOSURE FORM

STUDENT NAME: \_\_\_\_\_ ENTERING GRADE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

In order for Saint Anne Catholic School to enter into a partnership with you, the parent(s)/guardian(s), to provide the best education for your child/our student, and to be successful in this task, it is necessary that all pertinent data concerning your child's medical, psychological, behavioral, emotional, or educational history, which may affect the learning environment or the educational progress of the child, be disclosed. Failure to disclose this information may prohibit the staff of Saint Anne Catholic School from meeting the individual needs of your child and consequently may result in the dismissal of your child from this school.

### ALL INFORMATION IS HELD IN CONFIDENCE

Has your child ever been tested for any special concerns – academic, attention deficit, learning disability, behavioral, or other?

Yes \_\_\_\_\_ No \_\_\_\_\_ Type of testing: \_\_\_\_\_

Has your child ever been referred for Special Education Service (testing or class)? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been on medication for educational purposes? This would include attention deficit, hyperactivity, and learning disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever needed medication for his/her emotional health in order to function in a school setting? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been suspended, expelled, or disciplined for behavioral problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Has your child had special services provided? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to share the test results with the administration of this school? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you allow a copy of these test results to be placed in a confidential student file at this school? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_