

Please complete each section

What is the primary language spoken in the home? English Other: _____

Total number of people living in your household (including other relatives) _____

Do any of the following apply to your child or family situation?

Academic Factors: Does your child have

An Individual Education Plan (IEP) Yes No

A Hearing Impairment Yes No

A Vision Impairment Yes No

Biological Risk Factors

Born under 3 pounds Yes No

Diagnosed with a medical condition (i.e. Down Syndrome, Autism, ADAD, etc) Yes No

Has been diagnosed with or is suspected to have any of the following that may require special education or related services. Please mark those that apply

Speech or Language Impairment Yes No

Emotional/Behavior Disorder Yes No

Health Impairment Yes No

Other: _____

Special Circumstances:

Resides in a foster care home Yes No

Other issues or concerns you may have about your child.