

DUCHESNE HIGH SCHOOL

EDUCATIONAL NEEDS FORM

At Duchesne we share your interest in helping your child experience success in their educational endeavors. In order for us to work cooperatively to establish a learning environment to best meet your child's needs, we ask that you take a few moments to complete this form. Please indicate below if your child has been evaluated for learning difficulties by a physician, psychologist, the Special School District, the Department of Special Education, the Archdiocese, or any private agency.

Student Name: _____ Class of: _____

- No, my child has never been evaluated.
 Although my child has never been evaluated, I have concerns regarding some learning needs.
- Yes, my child has been evaluated by: _____
Year of evaluation: _____
- Please attach a copy of the most recent evaluation report, IEP, or service plan.

My child was diagnosed with:

- Non-handicapped – no label given
 Attention Deficit/Hyperactivity Disorder
 Inattentive Hyperactive-impulsive Combined
 Learning Disability
 Language Impaired
 Speech Impaired
 Behavior Disorder
 Psychological/Emotional Disorder (i.e. depression, bipolar, anxiety)
 Other: _____
- My child receives services from the Public School District: _____
- My child sees or has seen a psychiatrist/psychologist/licensed counselor
- My child takes medication due to his/her special needs
Name of medication: _____ Dosage: _____
Schedule: When taken: _____ Where taken: _____

The best time for the Learning Consultant or Guidance Counselor to reach me during the day to discuss my child's needs is _____ at (phone #) _____ .

Parent/Guardian Signature: _____ Date: _____