

# Corpus Christi Catholic School

## SPECIAL NEEDS INFORMATION

We at **CORPUS CHRISTI CATHOLIC SCHOOL** are in partnership with you, the parent(s)/guardian(s), to provide the best education for your child/our student. Any information that benefits us in this task, ultimately and directly benefits your son or daughter. The following information is requested to insure that each student's individual learning needs are met to the best of our ability. Failure to provide this information may prohibit the staff of **CORPUS CHRISTI CATHOLIC SCHOOL** from meeting the individual needs of your child, and consequently, present reason to request that your child not continue at **CORPUS CHRISTI CATHOLIC SCHOOL**.

**PLEASE NOTE THAT ALL INFORMATION IS HELD IN THE STRICTEST CONFIDENCE**

Has your child ever been referred for Special Services? \_\_\_\_\_ YES \_\_\_\_\_ NO

If your answer is yes, please describe these special considerations below:

Academic: \_\_\_\_\_

Behavioral: \_\_\_\_\_

Physical: \_\_\_\_\_

Social: \_\_\_\_\_

Has your child ever been on medication for educational purposes? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, When? \_\_\_\_\_ What medication? \_\_\_\_\_

Is your child currently on medication for educational purposes? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what medication? \_\_\_\_\_

Has your child had special services provided? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you willing to share the test results to be placed in a confidential student file(s) at CORPUS CHRISTI CATHOLIC SCHOOL? (Records may be forwarded to the Catholic School office, if necessary, to request modifications for standardized tests.) \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever been asked to withdraw your child from a particular school for disciplinary reasons?  
\_\_\_\_\_ YES \_\_\_\_\_ NO If your answer is yes, please explain the circumstances?

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

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date