

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

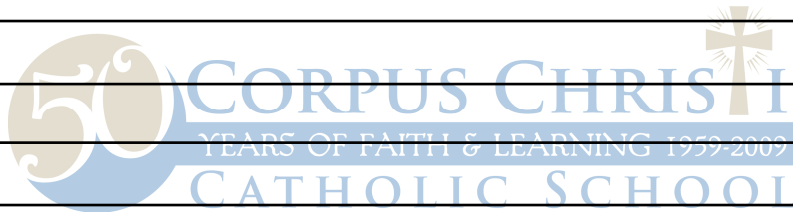
If your answer is yes, please describe these special considerations below:

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