



Exceptional Needs Identification

Dear Parents,

This is a critical form in assisting us to prepare for the needs of ALL students coming to our school. We will use this information as we address staffing the school and contracting out for special services that will not be housed in our facility. We will also use this information to assist us with class placements, as we are deeply committed to balancing classrooms. **PLEASE give us as much information as possible!**

If you have a child who is currently enrolled in an elementary/middle school elsewhere, please complete the "Record Release Authorization" form included in the packet and return to us so that we may obtain your child's records from the school he/she is leaving.

Feel free to attach copies of IEP forms, specialist reports, etc., to better inform us regarding your child's needs. The more information you give us, the better we can prepare for your child to have a happy, healthy transition to our school. Thank you!

Student's Name: _____ Grade for 2010-11: _____

My child is currently labeled as an exceptional student. His/her label is: _____

and he/she currently receives the following exceptional services: _____

Our child is not currently labeled, but we and/or his/her teachers have concerns regarding (for example: attention, activity level, developmental issues, language development, fine or gross motor development, reading, math, writing, behavioral/emotional/social development, etc.): _____

My child is currently:

Academically: Above Grade Level At Grade Level Below Grade Level

Socially: Above Grade Level At Grade Level Below Grade Level

Physically: Above Grade Level At Grade Level Below Grade Level