



ST. JOSEPH SCHOOL  
*Living THE Truth IN Love*



## St. Joseph School Educational Needs Form

To be completed by parent/guardian at time of registration

Please complete this two-sided form for *each child* attending St. Joseph School for the 2018-2019 school year.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade registering for: \_\_\_\_\_

**Does your child require any special arrangements resulting from physical conditions such as visual impairments, hearing impairments, medical conditions (e.g., asthma, allergies, diabetes), or other physical disabilities?**

- No, my child does not require any special arrangements.
- Yes, my child requires special arrangements.

Please describe the condition and the arrangements needed:

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**In order to understand and provide for your child's educational needs, we need to know if your child has ever been evaluated for learning difficulties or concerns in the areas of behavior, attention, or social/emotional issues. This evaluation may have been provided by a public school district, a private agency, or a private practice professional.**

- No, my child has never been evaluated.
- Yes, my child has been evaluated.

If yes, please provide the following information:

Name of evaluating agency or professional

\_\_\_\_\_ Date of evaluation: \_\_\_\_\_

**The evaluation determined my child has:**

- a learning disability in \_\_\_\_\_ (specify the area) an emotional  disorder
- a speech impairment anxiety
- a language impairment sensory processing disorder
- attention deficit/hyperactivity disorder Autism spectrum disorder
- other (please describe) \_\_\_\_\_

**We require a copy of the evaluation report that includes the existing diagnosis, as well as a current IEP if possible. Please provide those reports with this form, as a decision about acceptance cannot be made without them.**

