Student's Name: _____ **Grade:** _____ **Date Completed:** _____

Confidential Student Profile

***This form will be used for educational planning purposes only. Its contents will be viewed only by your child's principal, teacher(s), and/or providers of special education services.**

1. Does our child have an Individual Education Plan (IEP), 504 Plan, OHD – Other Health Disability Plan, or education plan *from the public school district?* ☐ Yes ☐ No

2. Does your child have a *private school generated* education plan providing Modifications*?* ☐ Yes ☐ No

If yes to questions 1 or 2, please attach a copy of your child's current educational plan (IEP, 504) of OHD to this form.

3. Does your child receive support services in or out of his/her school day (special education/resource support, paraprofessional, on-on-one aide, private therapist, private tutor)? ☐ Yes ☐ No
If so, provide details.

_____

_____

4. Please check the appropriate box(es) that apply to your child.

☐ ADHD/ADD ☐ Allergies ☐ Anxiety
☐ Asthma ☐ Asperger's Syndrome ☐ Autism/PDD
☐ Conduct/Oppositional Defiant Disorder ☐ Depression ☐ Developmental/Cognitive Delay
☐ Emotional/Behavioral Disorder ☐ Diabetes ☐ Epilepsy/Seizures
☐ Hearing Impairment ☐ Learning Disability ☐ Obsessive-Compulsive Disorder
☐ Physical Disability/Cerebral Palsy ☐ Speech/Language Disability ☐ Tourette's Syndrome
☐ Visual Impairment

5. Does this condition impact your child's school performance? If yes, provide details. ☐ Yes ☐ No

_____

_____

6. Would you like us to contact you to discuss this information further? ☐ Yes ☐ No

7. Was a referral for assessment of concerns at school recently made or is one in progress? ☐ Yes ☐ No
If yes, please explain.

_____

_____

8. Does your child take medication? If yes, provide names of medication(s) and, if needed during school hours, the times administered. ☐ Yes ☐ No

_____

_____

9. Other information regarding your child's health or education that you would like to share.

_____

_____

_____

_____

Name and relationship to child of person completing this form (please print): _____

Signature: _____

Beth El SYNAGOGUE