

STUDENT'S NAME

ACCOMODATIONS

Has your child ever received severe disciplinary action at school or from the community? Yes No

Details:

Does the student have an Individual Education Plan (IEP)? Yes No

Details:

Has your child skipped a grade? Yes No

Details:

Is your child experiencing any learning difficulties? Yes No

Details:

Has your child repeated a grade? Yes No

Details:

Is your child taking medication to support an academic accommodation? Yes No

Details:

Have you ever engaged a tutor for your child? Yes No

Details:

Has your child received professional counseling? Yes No

Details: