

INFORMATION FORM FOR CHILD WITH SPECIAL NEEDS 2012-2013

This form is to be filled out each year.

Name: _____

Office Use only

Grade Level: _____

Room No. _____

Grade in School: _____

Day & Time _____

Self-contained classroom _____ Mainstreamed _____

Classification of Special Needs:

Developmental Delay _____

_____ Learning Disabled*

Emotional Problem _____

_____ Neurologically Impaired

Blind/Hearing Impaired _____

_____ Autism

Allergies (Please be specific) _____

*If Learning Disabled, please specify

_____ Dyslexia

_____ Hyperactivity

_____ Attention Deficit

_____ Visual/Auditory

_____ Memory/Thinking Disorder

_____ Coordination Deficit

_____ Perceptual/Motor Impairment

_____ Impulsivity

Other _____

Pertinent medical information (Medications, seizures, diabetes, asthma, etc.)

Other information which will be helpful for the teacher to know
