



## **JARSON EDUCATION CENTER 2010/2011 SCHOOL YEAR**

CONFIDENTIAL INFORMATION

A new form is required each year for every student  
Completed forms will be kept by the Director of Education

Child's name \_\_\_\_\_ Grade in 2010-2011 \_\_\_\_\_

### **LEARNING AND/OR READING DISABILITIES:**

Does your child have any diagnosed learning disability? If so, please describe.

Are there special approaches, which would make it easier for your child to learn?

Should there be any modification of performance expectations? If so, please describe.

### **SOCIAL OR EMOTIONAL DIFFICULTIES:**

Are there other classmates with whom your child has a history of difficult social interactions?

### **MEDICAL AND/OR MEDICATION ISSUES:**

Does your child take any medications for such things as Attention Deficit Disorder, Depression or Diabetes?

Does your child have a physical limitation, which would require special consideration?

### **FAMILY ISSUES:**

Has there been any recent/significant family stress, such as illness, death, divorce, moves or income status, which may have negative impact on your child's attention and school performance, and to which we want to be sensitive and alert?