



SPECIAL TESTING FORM

Student Profile

New Applicants

Child's Name (please print) _____

We at St. Michael Catholic School are in a partnership with you, the parent(s)/guardian(s), to provide the best education for your child/our student. Any information that benefits us in that task ultimately and directly benefits your son or daughter. This information is requested to ensure that each student's individual learning needs are met to the best of our ability.

Has your child ever been in a speech therapy program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever received occupational therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been in an ESL or bilingual program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever skipped a grade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been retained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been in a remedial class and/or tutoring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child been tested for any special concerns:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Academic	<input type="checkbox"/> Attention Deficit	<input type="checkbox"/> Learning Differences
<input type="checkbox"/> Behavioral	<input type="checkbox"/> Other: _____	
Has your child ever been referred for Special Education Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been on medication for educational or behavioral purposes? (This would include attention deficit, hyperactivity, and/or learning disability)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever needed medication for his/her emotional health in order to function in a school setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to any of the above, please explain:		

A copy of the evaluation results must be submitted and will be placed in a confidential file at St. Michael Catholic School. Failure to provide this information will hinder the staff of St. Michael Catholic School from meeting the individual needs of your child. Failure to fully disclose academic and behavioral concerns and/or testing could be reason to request that your child not continue at St. Michael Catholic School.

This form must be completed and returned for every new applicant.

Signature of Parent or Guardian

Date

PLEASE NOTE THAT ALL INFORMATION IS HELD IN THE STRICTEST CONFIDENCE