

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS

SPECIAL NEEDS QUESTIONNAIRE

STUDENT'S NAME _____	GRADE _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Sponsor's Name _____ Phone: _____ / _____
Duty _____ Home _____

COMPLETE ONLY THOSE SECTIONS WHICH DESCRIBE YOUR CHILD'S SPECIAL NEEDS

My child has been in SPECIAL EDUCATION and has an Individualized Education Program (IEP) for:

- | | |
|---|---|
| <input type="checkbox"/> Learning Impairment/Disability | <input type="checkbox"/> Physical Impairment/ Other Health Impaired |
| <input type="checkbox"/> Communication Impairment | <input type="checkbox"/> Emotional Impairment |
| <input type="checkbox"/> Developmental Delay | (Please provide IEP and other records to school.) |

My child speaks LIMITED OR NO ENGLISH.

First language of Father: _____ Mother: _____

Languages spoken by the child: _____

Child's best language is: _____

Number of years child has attended English speaking schools: _____

I give I do not give my permission for the school to screen my child's English ability.

My child received help in a COMPENSATORY EDUCATION PROGRAM/ A 504 PLAN (non-special education academic assistance) for:

- | | | |
|----------------------------------|-------------------------------|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Math | <input type="checkbox"/> Language Arts |
|----------------------------------|-------------------------------|--|

My child was enrolled in a TALENTED AND GIFTED / HONORS PROGRAM.

Previous TAG/honors enrollment at: _____
Name of School and Location

Test Scores Available Test Scores Not Available

The school SHOULD BE AWARE OF THE FOLLOWING:

Consider special seating in the classroom: for vision for hearing

Limited or no physical education because _____

Counseling services need to be considered.

My child was retained in _____ grade.

Other needs or comments: _____

I prefer to discuss my child's needs privately with the school counselor. Please call me.

I am enrolled in the Exceptional Family Membership Program due to my child's:

Educational Needs Medical Needs

My child does not have any special needs.

Sponsor's Signature

Date