STUDENTS NAME_____GRADE_____DATE COMPLETED_____

Confidential Student Profile

1. Does your child have an Individual Educational Plan (IEP), 504 Plan, OHD –Other Health Disability Plan, or other educational plan from the public school district? ____Yes _____No

2. Does your child have a private school-generated education plan providing modifications? _____Yes _____No

If yes to questions 1 or 2, attach a copy of your child's current educational plan (IEP, 504, or OHD) to this form.

3. Does your child receive support services in or out of their school day (special education/resource support, paraprofessional, one-on-one aide, private therapist, private tutor)? _____Yes _____No

4. Please check the appropriate box (es) that apply to your child:

___	Obsessive-Compulsive Disorder	___	ADHD/ADD	___	Allergies
___	Developmental/Cognitive Delay	___	Asperger's Syndrome	___	Asthma
___	Conduct/Oppositional Defiant Disorder	___	Hearing Impairment	___	Depression
___	Emotional/Behavioral Disorder	___	Visual Impairment	___	Diabetes
___	Speech/Language Disability	___	Learning Disability	___	Anxiety
___	Physical Disability/Cerebral Palsy	___	Epilepsy/Seizures		
___	Tourette's Syndrome	___	Autism/PDD		

5. Does this condition impact your child's school performance? If yes, provide details. ____Yes ____No

_____

6. Would you like us to contact you to discuss this information further? ____Yes ____No

7. Was a referral for assessment of concerns at school recently made or is one in progress? ____Yes ____No

If yes, please explain_____

_____

8. Does your child take medication? If yes, provide names of medications(s) and if, needed during school hours, the times administered. ____Yes ___No

_____

_____

9. Other information regarding your child's health or education that you would like to share.

_____

_____

Name and relationship to child of person completing this form

_____ _____

(Print Name) (Signature)