



STUDENT INFORMATION FORM

Name of Student _____ Registering for Grade _____

Does your child have a diagnosed learning disability? _____ Yes _____ No

- If yes, does the child have an IEP or 504 Plan? _____ Yes _____ No
- If yes, was the evaluation done by the Sarasota County School District?
_____ Yes _____ No
- If yes, was the evaluation done by a physician, psychologist, etc.?
_____ Yes _____ No

Date of Evaluation _____ Name and Title of Evaluator _____

Have any of the following services been supplied, offered or recommended at any time during your child's academic career? Check all that apply.

- | | |
|--|---|
| _____ Tutoring, during or after school | _____ Counseling |
| _____ Remedial Reading | _____ Learning Supports |
| _____ Remedial Math | _____ Personal Teaching Assistant |
| _____ Academic Evaluation | _____ Audio or Visual Support Equipment |
| _____ Psychosocial Testing | _____ Pull-out Testing |

Medical Information:

Does your child take daily medication during school hours? _____ Yes _____ No

If yes, please state medical diagnosis, name of medicine and dosage.

The above information is current and accurate to the best of my ability.

Signature Date _____