

## School Basic Information Form

As \_\_\_\_\_'s health professional I am interested in his/her progress in school. To assist me in providing care, I would appreciate it if a school representative would complete the following form after obtaining appropriate permission from the family. Thank you for your assistance.

Child's name: \_\_\_\_\_

Current grade: \_\_\_\_\_

School name, address, phone, and fax:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact people at school: *Please circle preferred contact(s):*

	Name (and phone if different from above)	Best times to call
Teacher		
Principal		
Other		

Classroom type:

- Regular
- Learning disabilities (SLD)
- Developmental handicap
- Severe behavioral handicap (SBH/SED)
- Gifted and talented
- Other (please describe):

\_\_\_\_\_

\_\_\_\_\_

*(continued on next page)*

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School Basic Information Form (continued)

What concerns does the school have about this child? (check all that apply)

- Possible attention deficit (ADHD)
  - Possible neurological problems
  - Possible medical causes of learning problems
  - Possible psychological/emotional problems
  - Other (please specify):
- 

Is a learning disability or cognitive delay suspected?

- No learning disability/cognitive delay suspected
  - Learning disability or low IQ suspected (please explain why):
- 
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Is this child's behavior a problem?

- No
  - Yes (please describe):
- 
- 
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Does this child have a current Individualized Education Program (IEP) or Accommodation Plan (AP)?

- Yes, see attached copy (please include all psychological/educational assessments)
- Yes, but copy not available; IEP or AP was done on \_\_\_\_\_
- No current IEP or AP

To convey other information or to ask additional questions, please use the back of this form or attach additional sheets as necessary. Thank you very much for taking the time to complete this form. Please feel free to contact me with any questions. Following is my contact information:

Name: \_\_\_\_\_

Contact information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_