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):

<table>
<thead>
<tr>
<th>Name (and phone if different from above)</th>
<th>Best times to call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td></td>
</tr>
<tr>
<td>Principal</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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

________________________________________________________________________________________________

(continued on next page)
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):

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Is this child’s behavior a problem?
- No
- Yes (please describe):

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

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: ____________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________