Temple Beth Sholom Religious School

Confidential Student Profile

***This form will be used for educational planning purposes only. Its contents will be viewed only by your child's principal, teacher(s), and/or providers of special education services.**

STUDENTS NAME_____**GRADE**_____**DATE COMPLETED**_____

1. Does your child have and Individual Educational Plan (IEP), 504 Plan, OHD-Other Health 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, attaché 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 eduction/resource support, paraprofessional, one-on-one aide, private therapist, private tutor)? _____Yes _____No

4. Please check all 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? If yes, please explain.
_____Yes _____No

_____

_____

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