St. Paul School Learning Impairments/Disabilities Intake Form

Student Information

Name:

Grade:

Date of Birth:

Address:

Impairment/Disability Information

Type (ADHD, Autism, Dyslexia, Specific Learning Disability, etc.):

Date of Diagnosis:

Diagnostician:

Medications (if applicable):

Any previous IEPs, 504 plans, service plans? Y/N
If so, what kind of plan?_____
Current Academic Concerns:

_____

_____

_____

Other Relevant Information:

_____

_____

_____

Consent and Authorization: I, _____, give St. Paul School permission to provide necessary support for my child, _____. I understand that the information provided will be used for the purpose of assisting and accommodating my child with their educational needs.