

Student's Name

Graduating Class

Parent/Guardian Name

Date

EDUCATIONAL NEEDS FORM

CHRISTIAN BROTHERS COLLEGE HIGH SCHOOL

All parents/guardians are asked to complete and return this form to CBC

Thank you for your interest and support of Catholic Education. We share your interest in helping your student experience success at Christian Brothers College High School. In order for us to provide the best learning environment to meet all our students' needs, we ask that you take a few moments to read and complete this form.

- Are there educational needs for your student because he speaks **English as a second language**? NO YES
- Has your student ever been evaluated for **difficulties with learning**? These difficulties could include Learning Disabilities, Attention Deficit/Hyperactivity Disorder, Speech/Language Disabilities, Autism/Aspergers, Hearing Impairments, Anxiety, Depression, etc. The evaluation may have been conducted by a physician, a psychologist or psychiatrist, a public special school system, the Archdiocese special school system, or other private evaluator. **Choose either NO or YES below and follow any additional instructions.**

NO, my student has never been evaluated. *If NO was chosen, disregard the rest of this form and return it to CBC.*

YES, my student has been evaluated. *If YES was chosen, select the statement 1, 2 or 3 below that best applies:*

- My student was evaluated and found to be non-disabled.*
- My student had a previous diagnosis, but no longer qualifies for services.*
- My student has been evaluated/re-evaluated and diagnosed by the following agencies (earliest to most recent)**

_____	_____
Agency Name	Date
_____	_____
Agency Name	Date
_____	_____
Agency Name	Date

**If either #1 or #2 was chosen, disregard the rest of this form and return it to CBC.
**If #3 was chosen, complete the rest of the form.*

- My student's diagnosis is (Mark all that apply):
 - ADD/ADHD
 - Learning Disabled/Learning Disorder (explain) _____
 - Speech/Language Impaired (explain) _____
 - Physically Impaired (explain) _____
 - Hearing Impaired
 - Other (explain) _____

- Learning Needs Services while at CBC (Mark all that apply):
 - I do not anticipate that my student will need accommodations at CBC, but may request them in the future by contacting the Learning Specialist or Guidance Counselor.
 - I would like an accommodation plan written for my student, so he has access to classroom and/or testing accommodations at CBC.
 - My student plans to receive SNAP services through Special School District.
 - My student plans to work with a private tutor.

DOCUMENTATION OF LEARNING NEEDS

CBC is able to provide special educational support services through the Learning Needs Program for students who have current documentation of a disability and who submit that documentation to the Learning Specialist. Guidelines for acceptable documentation are available from the Learning Specialist upon request. Parents/guardians will be notified if documentation submitted is not sufficient. Please do not assume that your student's previous school sent this information. Verify receipt of documentation with the Learning Specialist.

- [] I know and have verified that documentation has been sent to CBC.
- [] Documentation is enclosed with this form.
- [] Other (describe): _____

RELEASE OF INFORMATION

My signature below gives the Learning Specialist and the Counseling Department permission to release information about my student's educational needs and his accommodation plan to his teachers and/or tutors for as long as he is enrolled at CBC.

Signature of Parent/Guardian

Date

ANNUAL DISABILITIES CENSUS

Each year we are asked to complete census reports for the State of Missouri listing students attending our school who have been diagnosed with disabilities. It is important that we assist in the completion of the census, because the information provided is used to determine funding for special education services to students who attend private and parochial schools. Many of our students do receive services through Special School District or other local school districts. Therefore, we want to make every effort to provide accurate information to the state.

The information required for the disabilities census is:

- Student name, date of birth and age
- Parent/guardian name and address
- Type of disability
- Services provided to the student

My signature below gives permission for Christian Brothers College High School to release the above information to the public school district in which we live each year that he attends CBC High School.

Public School District: _____

Signature of Parent/Guardian

Date

RETURN THIS FORM AND, IF NECESSARY, REQUIRED DOCUMENTATION TO:

CBC HIGH SCHOOL, 1850 De LaSalle Drive, St. Louis, MO 63141
Fax: 314-985-6115