



Learning Needs Information

Student Name _____ Grade _____ 2023-2024

Please complete all applicable sections, sign and return. Please see the reverse of this document for our school policy on students with specific learning needs.

To assist in meeting the needs of our students, it is important to have on file any testing data or record of academic support. This could include information on a learning challenge such as ADHD, dyslexia, or any other condition that might impact a student's educational process. Please answer the following:

1. Does your student currently have a diagnosed learning challenge?

No (please respond to #6, sign and return)

Yes (please complete the form)

Date of most recent assessment _____.

2. Please check the appropriate spaces that address your student's current learning challenge:

<input type="checkbox"/> Basic reading skills	<input type="checkbox"/> Math calculation	<input type="checkbox"/> Listening comprehension
<input type="checkbox"/> Reading comprehension	<input type="checkbox"/> Math reasoning	<input type="checkbox"/> Oral expression
<input type="checkbox"/> Written language	<input type="checkbox"/> Emotional regulation	<input type="checkbox"/> Social interactions
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Executive function	<input type="checkbox"/> Other

3. For the challenges listed above, is your student currently taking medication or receiving treatment or interventions?

No

Yes If yes, please list: _____

4. Has your student ever received any accommodations, extra help, or tutoring in academics?

No

Yes If yes, please list grade level(s) and subject area(s) _____

5. Has your child ever received any of the following classroom supports or accommodations?

<input type="checkbox"/> Extended time on tests	<input type="checkbox"/> Audio books	<input type="checkbox"/> Listening comprehension
<input type="checkbox"/> Additional time on assignments	<input type="checkbox"/> Oral testing	<input type="checkbox"/> Note taker/ scribe
<input type="checkbox"/> Separate testing space	<input type="checkbox"/> Other: _____	

Are you seeking a conversation about such accommodations at Forest Ridge? No Yes

Continued on back

6. Please add anything else about your student that is relevant to her academic success at Forest Ridge.

Parental Authorization

We have made full disclosure of any/all known learning challenges of our student. We understand that Forest Ridge School of the Sacred Heart requires a current (within the last 3 years) and thorough evaluation in order to make decisions about school-based accommodations. This includes material such as academic records and diagnostic test results, psychological data such as diagnostic and treatment records, medical records such as medications prescribed and other similar information. We have returned any relevant documentation and information with this form. We understand that all information will be kept confidential and made available only to school personnel as needed in order to best support our daughter.

Parent Signature

Date

Policy Regarding Students with Learning Differences at Forest Ridge

The mission of Forest Ridge calls us to address individual learning needs to the extent that we can reasonably do so. Forest Ridge does not have a special program for students with learning needs. However, our small scale, responsive teaching, and learning support in various forms are generally enough for most students to access the curriculum and achieve proficiency in skills. Educational, psychological and/or medical evaluations give useful information regarding the nature and extent of a student's disability. We use this information to aid in course selection and scheduling and to advise teachers about students' educational needs. We use current, evidence-based practices in evaluating documentation, which may result in a learning plan and certain accommodations that fit the learning need. All information will be treated in a confidential manner and provided only to those who have a need to know.