



STUDENT NEEDS ASSESSMENT FORM

This form shall be completed by the parent/guardian of any child who is enrolled at or applying to Lake Country School.
Please return this form when registering your child. Any information given will be treated confidentially.
Return this form to the school office.

Date: _____

Please check one: Resident Non-resident/Open Enrolled

Student's First Name

Student's Last Name

Student's Date of Birth

Please check any of the following educational circumstances that pertain to your child.

- Physical or Orthopedic Disabilities
- Cognitive Disability
- Hearing Impairment (Uncorrected)
- Visual Impairment (Uncorrected)
- Speech or Language Disabilities
- Emotional Disability
- Learning Disability
- Gifted/Talented Programming
- Chapter I (Reading, Math)
- Other Handicapping Conditions _____

Have any recent events affected your child emotionally, and thus affect school performance? (I.e. birth, death, remarriage, etc.)

Has your child been retained for a grade or entered school one year late or one year early?

Explain other points that you would like the school to take into consideration in working with your child.

X _____
Parent/Guardian Signature

Date