

**DoDDS-Pacific/DDESS-Guam
OKINAWA DISTRICT**

SPECIAL NEEDS QUESTIONNAIRE

The School Administration and staff are committed to the mission that ALL students will be successful in our school. ALL students can learn when instruction is geared to their strengths and they are given sufficient opportunity to learn. To assist us in meeting this commitment, please provide relevant school academic records and assessments available, and indicate any area(s) below where your child may need additional services.

STUDENT NAME _____		GRADE _____	
SCHOOL _____		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
SPONSOR TITLE & NAME _____			
HOME PHONE _____		DUTY PHONE _____	
CELL PH _____			
EMAIL ADDRESS (work & home) _____			
Please indicate current or previous services your child has received in school:			
PROGRAM OR SERVICES	YES	NO	GRADE LEVEL OR DATES SERVICE WAS PROVIDED
Reading Improvement			
Remedial Math			
English as a Second Language (ESL)			
Gifted Education			
School Counselor or Psychologist			
Accommodation Plan			
SPECIAL EDUCATION SERVICES			
Students in special education have an Individual Education Plan (IEP). Did your child have an active IEP at the previous school?			
Specific Learning Disability			
Speech/Language Therapy			
Physical Impairment			
Other Health Impairment			
Attention Deficit Disorder			
Emotional Impairment			
Developmental Delay (ages 3-7)			
OTHER			
Limited physical education requirements			
Has your child repeated any grade levels?			
I am enrolled in Exceptional Family Member Program (EFMP) due to my child's educational or medical needs			
Consider special seating in classroom for vision or hearing			
<input type="checkbox"/> My child does not have any special needs <input type="checkbox"/> I prefer to discuss my child's needs privately with the School Counselor. Please call me.			
_____ SPONSOR/PARENT SIGNATURE		_____ DATE	