

# DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS

## SPECIAL NEEDS QUESTIONNAIRE

STUDENT'S NAME _____	GRADE _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Sponsor's Name \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_  
Duty \_\_\_\_\_ Home \_\_\_\_\_

### COMPLETE ONLY THOSE SECTIONS WHICH DESCRIBE YOUR CHILD'S SPECIAL NEEDS

My child has been in SPECIAL EDUCATION and has an Individualized Education Program (IEP) for:

- |   |   |
|---|---|
| <input type="checkbox"/> Learning Impairment/Disability | <input type="checkbox"/> Physical Impairment/ Other Health Impaired |
| <input type="checkbox"/> Communication Impairment       | <input type="checkbox"/> Emotional Impairment                       |
| <input type="checkbox"/> Developmental Delay            | <i>(Please provide IEP and other records to school.)</i>            |

My child speaks LIMITED OR NO ENGLISH.

First language of Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Languages spoken by the child: \_\_\_\_\_  
Child's best language is: \_\_\_\_\_  
Number of years child has attended English speaking schools: \_\_\_\_\_

I give  I do not give my permission for the school to screen my child's English ability.

My child received help in a COMPENSATORY EDUCATION PROGRAM/ A 504 PLAN *(non-special education academic assistance)* for:

- |                                  |                               |  |
|----------------------------------|-------------------------------|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Math | <input type="checkbox"/> Language Arts |
|----------------------------------|-------------------------------|--|

My child was enrolled in a TALENTED AND GIFTED / HONORS PROGRAM.

Previous TAG/honors enrollment at: \_\_\_\_\_  
*Name of School and Location*

- Test Scores Available  Test Scores Not Available

The school SHOULD BE AWARE OF THE FOLLOWING:

- Consider special seating in the classroom: for vision  for hearing
- Limited or no physical education because \_\_\_\_\_
- Counseling services need to be considered.
- My child was retained in \_\_\_\_\_ grade.
- Other needs or comments: \_\_\_\_\_
- I prefer to discuss my child's needs privately with the school counselor. Please call me.

I am enrolled in the Exceptional Family Membership Program due to my child's:

- Educational Needs  Medical Needs

My child does not have any special needs.

\_\_\_\_\_  
*Sponsor's Signature*

\_\_\_\_\_  
*Date*