

**CONGREGATION BETH AM
SPECIAL NEEDS STUDENT INFORMATION FORM
2009-2010/ 5770**

Student's Last Name	First Name	Program & Grade

This information is important for us to better understand and educate your child. Please complete this section thoroughly. This information will only be shared with your child's teacher(s). In cases where you feel the condition cannot adequately be described on paper, please feel free to contact the educators for further discussion at (650) 493-4665.

1. Does your child carry any medication with him/her? Y N
If yes, which medications? What is his/her medication schedule?

2. Are there any medications or medical supplies that we should store for your child in the Education Office, just in case? Y N
 - a. If yes, which medications? Please list medications and the situations in which they should be used. Medications should be hand delivered to the Youth Education Office. All medications must be clearly labeled with your name, your telephone number, your child's name, and a picture of your child.

3. Does your child receive any individualized or special education services at school? Y N
 - a. Please indicate which services your child receives at his/her school:
__ Resource Program __ Instructional Aide __ Special Education Class
__ Speech Language Assistance __ Other (Auditory, Attention, Visual, Physical)
 - b. Would you allow the school to provide us with a copy of the IEP?
 Y N
 - c. If you answered yes: please provide further information to help us understand your child's needs.

4. What should we know about *communicating well* with your child?

5. What has helped teachers work well with your child *in the past*?

6. I'd like to request a meeting with the Educator(s) before September.
 By telephone In person