

**CONGREGATION BETH AM
ADDITIONAL STUDENT INFORMATION
2010-2011/ 5771**

Student's Last Name	First Name	Program & Grade

This information is important for us to better understand and educate your child and will only be shared with your child's teacher(s).

1. 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 __IEP __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.

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

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

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