

# SPECIAL NEEDS IDENTIFICATION

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

*(please print)*

Calvary Christian Academy knows it is in the best interests of your child that we know as much about school related needs as possible. **Please identify any special medical, behavioral, or educational needs that your child may have.**

List need(s); if none, write NONE:

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**Please sign form at bottom** (If you listed a need)

**If a professional evaluation of your child's needs has been completed within the last three years, please provide our Guidance Office with a copy.** As we try to gather information on your child it is often helpful to communicate with the professionals that have worked with your child in the past. Please sign below to give your consent for us to communicate with them.

I, \_\_\_\_\_, the \_\_\_\_\_  
*(Name of mother, father, or guardian) (mother, father, guardian)*

of \_\_\_\_\_  
*Name of student*

*give my permission for the Calvary Christian Academy staff to consult with my child's previous school(s), physician(s), counselor(s), psychologist(s), agency personnel, or other professional(s) on the phone and/or in writing in regard to the above named student. Permission is also given for the above mentioned professionals to share information with school personnel.*

Please provide us with the name(s) and number(s) of any professional(s) that will be able to give us information on your child's needs including the phone number and contact of the previous school.

\_\_\_\_\_  
*Previous School Contact*

\_\_\_\_\_  
*Number*

\_\_\_\_\_  
*Contact*

\_\_\_\_\_  
*Number*

\_\_\_\_\_  
*Contact*

\_\_\_\_\_  
*Number*

## **PARENT SIGNATURE**

*Calvary Christian Academy makes no promise or commitment to remediate or address a special need. We will, however, look at each situation and make accommodations and provide assistance when we are able.*