



## SPECIAL NEEDS INFORMATION

Holy Cross Catholic Academy is in partnership with families to provide the best possible education for our students. Any information that benefits us in this matter ultimately and directly benefits your children. The following information is requested to ensure that each student's individual learning needs are met to the best of our ability.

Note: All information is held in strictest confidence.

Student \_\_\_\_\_ Grade \_\_\_\_\_

1. Is your child presently taking any daily medication? \_\_\_ Yes \_\_\_ No

2. Has your child ever been on medication for educational purposes? \_\_\_ Yes \_\_\_ No

If yes, what was the medication? \_\_\_\_\_ Dosage \_\_\_\_\_ Length of time used \_\_\_\_\_

What was medication's purpose? \_\_\_\_\_

3. Has your child been tested for any special concerns: academic, behavioral, other? \_\_\_ Yes \_\_\_ No

If yes, what was the concern? \_\_\_\_\_

4. Has your child ever been referred for Special Services? \_\_\_ Yes \_\_\_ No

If yes, what type? \_\_\_\_\_  
\_\_\_\_\_

Please describe: \_\_\_\_\_

Has your child had Special Services provided? \_\_\_ Yes \_\_\_ No

Does your child have an IEP (Individual Education Plan)? \_\_\_ Yes \_\_\_ No

5. Can you provide any written reports to Holy Cross Catholic Academy? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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