



SPECIAL EDUCATION AND MEDICAL FORM

Child 's Name _____

Going to Grade: _____

If your child has been diagnosed or suspected to have a learning difficulty, please check the boxes below that apply to your child 's case.

Behavioral, social, and emotional:

Emotional Problems

ADHA (Attention Deficit and Hyperactivity Disorder)

ADD (Attention Deficit Disorder)

ODD (Oppositional Defiant Disorder)

CD (Conduct Disorder)

Other, please specify: _____

Medical Conditions:

Asthma

Diabetes

Allergies

Epilepsy

Other, please specify: _____

Speech and Language Disorder:

Expressive Language Disorder

Receptive Language Disorder

Other, please specify: _____

Communication and Interaction:

ASD (Autism Spectrum Disorder)

Asperger 's Syndrome

Other, please specify: _____

Physical Mobility:

Congenital Deformities

Hydrocephalus

Cerebral Palsy

Severe Accidental Injury

Muscular Dystrophy

Other, please specify: _____

General Learning Difficulties:

Below average or general intellectual difficulty.

Assessed Syndrome (Down Syndrome, Stickler Syndrome, Williams Syndrome)

Other, please specify: _____

Specific Learning Difficulties:

Dyslexia (reading)

Dysgraphia (writing)

Dyscalculia (mathematics)

Other, please specify: _____

Sensory Impairment:

Visual

Hearing

Other, please specify: _____

Gifts and /or Talents:

(potential) Gifts

(potential) Talents

Other, please specify: _____

In order to ensure your child 's wellbeing and attend to his /her needs professionally, please note that if any of the items above is applicable to your child, kindly provide the school with the copy of the External Agent/Doctor report and submit all relevant documents upon registration. Registration may not proceed if this report is not provided.

Parent 's Name: _____

Parent 's Signature: _____

