



St. Ambrose Catholic School

4213 Mangum Road Houston, TX 77092
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www.sashornets.org

SPECIAL NEEDS INFORMATION DISCLOSURE FORM

Student Name: _____

Grade: _____

In order for St. Ambrose Catholic School to enter into a partnership with you, the parent(s)/guardian(s), to provide the best education for your child/our student and to be successful in this task, it is necessary that all pertinent data concerning your child's medical, psychological, behavioral, emotional or educational history which may affect the learning environment or the educational progress of the child be disclosed. Failure to provide this information may prohibit the staff of St. Ambrose Catholic School from meeting the individual needs of your child, and consequently, present reason to request withdrawal.

ALL INFORMATION IS HELD IN CONFIDENCE

YES NO Has your child ever been tested for a learning disability, ADD/ADHD and/or any educational, psychological or medical testing? If yes, attach a copy of the child's recent Academic or Psycho-educational assessment.

YES NO Has your child ever been in a special education program? If yes, indicate grade(s) and academic areas in which your child was in the program.

YES NO Has your child ever been in a speech therapy program? If yes, indicate grade(s) your child was in the program.

YES NO Has your child ever been in an ESL or bilingual program? If yes, indicate grade(s) your child was in the program.

YES NO Has your child ever been in an Instructional Support program? If yes indicate grade(s) your child was in the program.

YES NO Does your child currently have an Individual Educational Plan (IEP) with a public school?

YES NO Have you been asked to withdraw your child from a particular school for disciplinary reasons? If so, please explain.

YES NO Has your child ever been expelled, suspended, or had any discipline problems? If yes, please explain.

Parent/Guardian Signature

Date