

SPECIAL NEEDS FORM

SFY 2012 (2011-2012)

Name _____
 Last First M.I. Maiden or other former name

Social Security #: _____ - _____ - _____ GED Security #: _____ - _____ - _____ Site: _____ Instructor: _____

SCREENING

Screening:	Offered	Conducted ¹	Refused ²	Date
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Learning disability instrument given:

- ALDS Cooper Destination Literacy
 Payne Inventory PowerPath STALD
 Washington 13

Screening results indicate probability of LD: Yes No

¹ **Student signed Screening Consent Form:** Yes No N/A

² **Student signed Waiver of Consent Form:** Yes No
 (only necessary if screening services are refused)

INFORMATION RELEASED TO OTHER AGENCIES

Student signed Release of Information Form: Yes No
 (only necessary if information is released to others)

REFERRAL AND DIAGNOSIS

Information about assessment of:	Offered	Given	Refused ³	Date
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Results of referral/diagnostic evaluation:

- No evidence of learning disability, hearing, or vision problem
 Specific learning disability
 Reading Receptive/expressive language
 Math Phonological
 Written expressive Not otherwise specified
 Hearing problem
 Hearing aids recommended received
 Vision problem
 Glasses or contacts recommended received

³ **Student signed Waiver of Referral Information:** Yes No
 (only necessary if referral services are refused)

EDUCATIONAL ACCOMMODATIONS

(FOR DIAGNOSED STUDENTS ONLY)

Accommodations provided:

- Colored overlays Audiocassette*
 Ear plugs Braille*
 Graph paper for math Extended time*
 Large print Private room*
 Magnifying strip Scribe*
 Seating near natural light Supervised frequent breaks*
 Straight edge Talking calculator*
 Other: _____

* Prior approval needed for GED

GED accommodations form completed? Yes No

COMMENTS/ADDITIONAL INFORMATION

(include any diagnosis, not listed above, for which an accommodation was provided)