



DELTA CHRISTIAN SCHOOL EDUCATIONAL SUPPORT INFORMATION FORM

This form must be completed, signed, and returned with your application. Non-receipt of this form or the withholding of information that affects your child's education may delay the application process, or cause your application to be denied.

Date: _____

Parents: _____

Student: _____ Birth date: _____ Grade entering: _____

Previous school(s) attended: _____

Please use the back of this form, if necessary.

- 1) Does the student have a diagnosis of a condition that affects his/her learning, OR is there something you feel affects his/her learning that has not yet been fully investigated? yes no *if yes, please explain:*

- 2) Has the student ever had an IEP or other education support plan? yes no *if yes, please attach*
3) Has the student ever had a Behaviour Plan and/or a Safety Plan? yes no *if yes, please attach*
4) Is there a psycho-educational assessment report? yes no *if yes, please attach*
5) Any other pertinent report(s), e.g. OT, PT, SLP, medical, etc? yes no *if yes, list here & attach*

- 6) Has the student ever received learning assistance or special education support e.g. in-class aide? yes no *if yes, please explain:*

- 7) Please list the student's strengths and areas of success in and out of school:

- 8) Please list the student's areas of difficulty in and out of school:

- 9) Do you give permission to DCS to contact your current school? yes no

- 10) Please write additional comments on the back of this form or on a separate sheet. Thank you.

Signature _____