Congregation Shir Hadash Religious School
Special Needs Information
2009-2010

If your child has special learning, emotional or behavioral needs, it is important that you communicate this information to us. **You are our most important resource.** Your input regarding your child will help us provide a more supportive and effective environment. Since many of our teachers have not been trained in the area of special needs, your information will guide us in meeting your child's leaning needs. This information will not stigmatize your child in any way and will remain confidential. If issues arise during the year, we will work together to develop a solution.

Student's Name_____(Please print)
Last First

GRADE 09-10: Sunday School _____Aleph-Dalet_____ Hebrew High Grade_____ Secular Grade____

Please tell us about your child's special needs and learning style. State clearly if there has ever been a diagnosed or suspected learning disability for which we can provide accommodations. Telling us of any propensity, fear, strong preference, physical or emotional need, or anything that needs special handling will provide us the means to make your child's Jewish education a positive experience.

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Please list medications your child is currently taking: _____

If regular medication is essential, please bring a small supply, labeled with your child's name to the school office.

Please indicate any services your child uses at his/her secular school or at an outside agency:
_____ Resource Room Program _____ Instructional Aide _____ Speech & Language Assistance
_____ Occupational Therapy _____ Special Education Class _____ Social Worker/Psychologist
_____ Other _____

Would you like the Religious School Educator to share this information with your child's teacher? Yes ____ No__

We are in the process of gathering more information from our families about different ways in which the school could best meet your family's needs. Are you interested in helping the school strengthen its offerings for students with learning differences?

Additional requests or comments: _____

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You may attach a document to this form if you wish.

_____ _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE