

Questionnaire for Learning Resource Program Prospective Families

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current grade: \_\_\_\_ Grade applying for: \_\_\_\_ Current School: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

1. When was your child's last psycho-educational evaluation?
2. Does your child have a current IEP?
3. What special services/therapy or programs is your child receiving?
4. Does your child take Intensive Reading classes?
5. Does your child take Intensive Math classes?
6. Does your child take Intensive Writing classes?
7. What is your child's most recent FCAT/SAT Scores? Reading \_\_\_\_\_ Math \_\_\_\_\_
8. What classroom accommodations (change in manner material is presented) are they currently receiving?
9. What classroom modifications (change in curriculum) are they currently receiving?
10. Is your child pulled out of the class for any special services?
11. Does your child receive any services from an ESE teacher? If so how often?
12. Does your child take state/district assessments in a separate setting?
13. Does your child take regular classroom tests in a separate setting?
14. Does your child need test questions read to them?
15. Is your child able to take classroom notes (note-taking from lecture)?
16. Does your child use "Books on Tape"?
17. What services and/or accommodations will your child need next year in order to be successful?
18. If coming from a public school, are you aware of the McKay Scholarship? \_\_\_\_\_  
Have you applied on-line? \_\_\_\_\_

Pertinent History: (ADD/ADHD, medications, family)