



INITIAL GUIDANCE QUESTIONNAIRE

PLEASE PRINT

Student Name _____ **Grade Entering** _____

School Last Attended _____

Parents/Legal Guardian _____

Dear Parent/Guardian:

Because the goal of Mother of Sorrows School is to offer our students the very best education by presenting them with every opportunity to learn, we must ask for our parents' complete cooperation throughout the school year.

Individual learning can be a complicated issue for some students. The learning process can be enhanced by our having any information resulting from any prior evaluation, assessment, test, and/or diagnosis that indicate conditions that might affect or interfere with your child's ability to learn. In the best educational interest of your child, please complete this questionnaire, sign it, and return it with your application materials to the school office. This information will aid us in meeting your child's needs and will be held in strict confidence as regulated by the Diocese of Greensburg Student Records Policy and the strict implementation standards of our school. I look forward to meeting with you to discuss your child's strengths and learning needs.

Joseph J. Rice
Principal

1. Was your child ever evaluated, assessed, tested, or diagnosed with any mental, physical, or emotional condition that could interfere with his/her ability to learn?

_____ YES _____ NO

2. Prior evaluation was completed for one of the following reasons:

___ Learning ___ Intelligence ___ Behavior ___ Gifted Program ___ Other (Please explain)

3. Prior evaluation was completed for one or more of the physical reasons listed below:

___ Vision ___ Orthopedic ___ Hearing ___ Speech ___ Development ___ Other (Explain)

(OVER)

4. Prior evaluation was conducted by one or more of the following:

Intermediate Unit Mental Health Private Practitioner School district
(includes early intervention)

Other (Please explain)

5. Is your child currently identified as requiring special education services?

YES

NO

6. If prior evaluation was conducted, would you be willing to provide us with a copy of any report that we feel is necessary for your child's education?

YES If yes, please present a copy to the school.

NO If no, would you be willing to discuss the results with the guidance counselor or principal?

Please explain: _____

6. My child receives/received the following services. (Please list e.g. speech, remedial reading, gifted, IEP)

Print Name of Parent/Legal Guardian _____

Parent/Legal Guardian Signature _____ Date _____