



ASSUMPTION CATHOLIC SCHOOL  
801 Roselane St.  
Houston, Tx 77037-4696  
PHONE (281) 447-2132 • FAX (281) 447-1825  
www.houstonassumption.org

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### SPECIAL NEEDS INFORMATION DISCLOSURE FORM

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

In order for Assumption Catholic School to enter into a partnership with you, the parent(s)/ guardian(s), to provide the best education for your child/our student and to be successful in this task, it is necessary that all pertinent data concerning your child's medical, psychological, behavioral, emotional or educational history which may affect the learning environment or the educational progress of the child be disclosed. Failure to provide this information may prohibit the staff of Assumption Catholic School from meeting the individual needs of our child, and consequently, present reason to request that you child not continue at this school.

#### ALL INFORMATION IS HELD IN CONFIDENCE

Has your child ever been tested for any special concerns – academic, attention deficit, learning problem, behavioral or other? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of testing \_\_\_\_\_

Has your child ever been referred for Special Education Service (Testing or class)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe \_\_\_\_\_

Has your child ever been on medication for educational purposes? This would include attention deficit, hyperactivity, learning disability. Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please describe \_\_\_\_\_

Has your child ever been on medication for his/her emotional health in order to function in a school setting? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe \_\_\_\_\_

Has your child ever had special services provided? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe \_\_\_\_\_

Are you willing to share the test results with the Administration of this school?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe \_\_\_\_\_

Would you allow a copy of these test results to be placed in a confidential student file at this school? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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