

Torrey Pines Elementary School
EDUCATIONAL NEEDS QUESTIONNAIRE

Child's Name: _____	
Date of Birth: _____	Grade: _____
Parent Name: (please print) _____	
Parent Signature: _____	Date: _____

To help identify education needs of students and help us better plan for them throughout the year, please complete the following:

1. Has your child had any special services or testing? (*special academic instruction, academic/psychological assessment, speech therapy, counseling, occupational therapy, physical therapy, adaptive PE, etc.*)

2. Is your child having any identified learning problems? *Please explain.*

3. Has your child ever been recommended or placed in a Specialized Academic Environment with an Individualized Education Plan (*I.E.P.*)?

a. Elementary School _____

b. School District _____

4. Does your child need daily medication? ___ YES ___ NO

Name of medication: _____