

The Learning Academy  
of College Park



### Additional Student Information

**HAS YOUR CHILD EVER BEEN TESTED BY ANOTHER SCHOOL?**

**YES**

**NO**

If yes, where? SCHOOL NAME \_\_\_\_\_

#### SPECIAL HEALTH NEEDS

Has your child ever been tested for any of the following special health needs:

Learning Disabilities: \_\_\_\_\_ Yes \_\_\_\_\_ No Place \_\_\_\_\_  
Date \_\_\_\_\_

Speech/Language Disabilities: \_\_\_\_\_ Yes \_\_\_\_\_ No Place \_\_\_\_\_  
Date \_\_\_\_\_

Attention Deficit Disorder: \_\_\_\_\_ Yes \_\_\_\_\_ No Place \_\_\_\_\_  
Date \_\_\_\_\_

Hyperactivity: \_\_\_\_\_ Yes \_\_\_\_\_ No Place \_\_\_\_\_  
Date \_\_\_\_\_

Has medication been prescribed for your child related to ADD/ADHD?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Is your child currently **taking** making medication for ADD/ADHD?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to any of the above questions, please share with us all information obtained from these evaluations.

\_\_\_\_\_

Are there any situations or pertinent information which we should know in order to further understand your child?

\_\_\_\_\_

**I have truthfully answered all of the above questions.**

**I have included all educational testing information and results concerning my child.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Child's Name