

**DEPARTMENT OF DEFENSE
DOMESTIC DEPENDENT ELEMENTARY AND SECONDARY SCHOOLS
GUAM DISTRICT SUPERINTENDENT'S OFFICE**

STUDENT NEEDS FORM

STUDENT'S NAME: _____

SCHOOL: _____ ENROLLMENT CODE: _____

The administration and staff members are committed to meeting the needs of every student. To assist us in meeting this pledge, we would like to know as early as possible any area(s) where your dependent may need additional professional services outside of the regular classroom, that we should address. This need may include such area/s as a student physical disability, a special learning/reading problem, participation in a gifted/talented program, etc. You are **required** to bring any suspected or documented case of student special needs to the attention of the school. All correspondence will be held in the strictest of confidence.

- 1) Yes No Does your dependent have any special needs of which you are aware?
 Yes No If yes, do you prefer to discuss your dependent's special needs
privately with the school counselor?

2) **MY DEPENDENT HAS THE FOLLOWING EDUCATIONAL NEEDS:**

SPECIAL PHYSICAL NEEDS:

- Yes No Does your dependent have any limited physical education requirements?
 Yes No Can your dependent participate in regular physical education?
 Yes No Has your dependent been diagnosed as having an attention deficit disorder?
 Yes No Is your dependent presently taking medication for any reason?
If yes, what and how often is it administered? _____

SPECIALIZED PROGRAMS: (Please specify below any of the programs your dependent requires):

- Remedial Reading Remedial Math
 Academically Talented/Gifted English as a Second Language
 Special Education

- Yes No Are test scores available?
 Yes No If no, do you give permission to assess your dependent for any of the programs
listed above? (Except Special Education which requires committee meeting)

ACADEMIC ACHIEVEMENT DEFICIENCY : (Significantly below grade level)

- Reading Math Language Arts
 Yes No Has your dependent repeated any grade levels? If yes, which grade.
 Other needs (Please specify) _____

Sponsor's Signature – Duty /Home Phone

****IF SPECIAL EDUCATION NEEDS ARE INDICATED, MAKE SURE THE APPROPRIATE
TEACHER(S) IS GIVEN A COPY OF THIS FORM AND FILED IN STUDENT'S CONFIDENTIAL FILE.**