

SPECIAL NEEDS FORM

Name _____
 Last First M.I. Maiden or other former name

Social Security #: _____ - _____ - _____ GED Application #: _____ - _____ - _____ Site: _____ Instructor: _____

SCREENING				
Screening:	Offered	Conducted ¹	Refused ²	Date
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Learning disability instrument given:
 ALDS Cooper Destination Literacy
 Payne Inventory PowerPath STALD
 Washington 13

Screening results indicate probability of LD: Yes No

¹ *Student signed Screening Consent Form:* Yes No N/A
² *Student signed Waiver of Consent Form:* Yes No
(only necessary if screening services are refused)

REFERRAL AND DIAGNOSIS				
Information about assessment of:	Offered	Given	Refused ³	Date
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Results of referral/diagnostic evaluation:
 No evidence of learning disability, hearing, or vision problem
 Specific learning disability
 Reading Receptive/expressive language
 Math Phonological
 Written expressive Not otherwise specified
 Hearing problem
 Hearing aids recommended received
 Vision problem
 Glasses or contacts recommended received

³ *Student signed Waiver of Referral Information:* Yes No
(only necessary if referral services are refused)

INFORMATION RELEASED TO OTHER AGENCIES
<p>Student signed Release of Information Form: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(only necessary if information is released to others)</i></p>

EDUCATIONAL ACCOMMODATIONS (FOR DIAGNOSED STUDENTS ONLY)	
Accommodations provided:	
<input type="checkbox"/> Colored overlays <input type="checkbox"/> Ear plugs <input type="checkbox"/> Graph paper for math <input type="checkbox"/> Large print <input type="checkbox"/> Magnifying strip <input type="checkbox"/> Seating near natural light <input type="checkbox"/> Straight edge <input type="checkbox"/> Other: _____	<input type="checkbox"/> Audiocassette* <input type="checkbox"/> Braille* <input type="checkbox"/> Extended time* <input type="checkbox"/> Private room* <input type="checkbox"/> Scribe* <input type="checkbox"/> Supervised frequent breaks* <input type="checkbox"/> Talking calculator*
* Prior approval need for GED	
GED accommodations form completed? <input type="checkbox"/> L-15 <input type="checkbox"/> SA-00	

COMMENTS/ADDITIONAL INFORMATION
<p>(include any diagnosis, not listed above, for which an accommodation was provided)</p>