

Special Needs Disclosure Form

Early Education

Student Information

Full Name

Date of Birth

Age

Parent/Guardian Information

Name

Relationship to Student

Contact Number

Special Needs Information

Please describe any special needs, medical conditions, or disabilities the school should be aware of:

Has the child received a formal diagnosis?

If yes, please specify the diagnosis and the name of the diagnosing professional/agency:

Does your child require specific support or accommodations?

Is your child currently taking any medications or treatments?

Additional Comments/Information

Date

Parent/Guardian Name (Signature)