

Learning Style Information

It is imperative that we know your child(ren)'s strengths so that we can provide a high-quality educational experience that meets your child's needs. All information provided will be held in confidence and shared only with the appropriate faculty and staff as necessary.

Student 1: _____ **Grade:** _____

Please share with us how your child learns best:

Does your child have an Individualized Education Plan (IEP)? (If yes, please attach a copy of your child's most recent form)

Yes /No

Does your child have any special needs that affect his/her education? Yes/No

If yes, you may check appropriate descriptions, or add your own:

- Sensory Processing issues
- Autism/Asperger's Syndrome
- Speech impairment
- Difficulties with motor skills
- Visual impairment
- Learning Disability (please specify: _____)
- ADD/ADHD
- Emotional/Psychological difficulties
- Auditory Impairment
- Other: _____

Does your child have a learning disability that impacts his/her language acquisition? Yes/No
If yes, please explain:

Does your child have reading difficulties? Yes/No
If yes, please explain:

Does your child have trouble completing written work (in English)? Yes/No
If yes, please explain:

Are there specific activities in which your child cannot participate? Yes/No
If yes, please explain:

Please elaborate on any of the above. If there are other social or other concerns, please include it here and attach any information necessary.

Student 2: _____

Grade: _____

Please share with us how your child learns best:

Does your child have an Individualized Education Plan (IEP)? (If yes, please attach a copy of your child's most recent form)

Yes/No

Does your child have any special needs that affect his/her education? Yes/No

If yes, you may check appropriate descriptions, or add your own:

- Sensory Processing issues
- Autism/Asperger's Syndrome
- Speech impairment
- Difficulties with motor skills
- Visual impairment
- Learning Disability (please specify: _____)
- ADD/ADHD
- Emotional/Psychological difficulties
- Auditory Impairment
- Other: _____

Does your child have a learning disability that impacts his/her language acquisition? Yes/No

If yes, please explain:

Does your child have reading difficulties? Yes/No

If yes, please explain:

Does your child have trouble completing written work (in English)? Yes/No

If yes, please explain:

Are there specific activities in which your child cannot participate? Yes/No

If yes, please explain:

Please elaborate on any of the above. If there are other social or other concerns, please include it here and attach any information necessary.

Student 3: _____

Grade: _____

Please share with us how your child learns best:

Does your child have an Individualized Education Plan (IEP)? (If yes, please attach a copy of your child's most recent form)

Yes/No

Does your child have any special needs that affect his/her education? Yes/No

If yes, you may check appropriate descriptions, or add your own:

- Sensory Processing issues**
- Autism/Asperger's Syndrome**
- Speech impairment**
- Difficulties with motor skills**
- Visual impairment**
- Learning Disability (please specify: _____)**
- ADD/ADHD**
- Emotional/Psychological difficulties**
- Auditory Impairment**
- Other: _____**

Does your child have a learning disability that impacts his/her language acquisition? Yes/No

If yes, please explain:

Does your child have reading difficulties? Yes/No

If yes, please explain:

Does your child have trouble completing written work (in English)? Yes/No

If yes, please explain:

Are there specific activities in which your child cannot participate? Yes/No

If yes, please explain:

Please elaborate on any of the above. If there are other social or other concerns, please include it here and attach any information necessary.