Special Concerns

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any **health/physical** concerns regarding your child that you’d like the school to be aware of (allergies, glasses, hearing impairment, ADHD, anxiety, asthma, etc.)?

Recommendation for these concerns:

1. Do you have any concerns regarding your child’s **emotional development**?

Recommendation for these concerns:

1. Do you have any concerns regarding your child’s **social development**?

Recommendation for these concerns: