SAINT MARGARET MARY CATHOLIC SCHOOL
119 S. HUBBARD ST.
ALGONQUIN, IL 60102
(847)658-5313 FAX(847)854-0501

OUR COMMITMENT: "We will serve the Lord"

STUDENT EDUCATIONAL BACKGROUND FORM
(to be completed by parent/guardian)

Name of Student: _____ Age: _____
Previous School/Program: _____ Grade: _____
Reason for transfer:
new to area _____ new to parish _____
other _____
_____

Has your child ever been retained? _____ NO _____ YES - Grade Level _____
Has your child ever been referred, evaluated, and/or placed in a special education program?
_____ Yes _____ No
If yes, please complete BOX A If no, please complete BOX B

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BOX A

Please check all that apply:
SPECIAL PROGRAMS:

___ Gifted
___ Emotionally Disturbed
___ Hearing Impaired
___ Cross Categorical
___ Learning Disabled (self contained)
___ Trainable Mentally Handicapped (TMH)
___ Other individualized instruction as explained below:
___ Early Childhood
___ Physically Handicapped
___ Visually Impaired
___ Behavioral Disorder
___ Educable Mentally Handicapped (EMH)
___ Severe/Profound

_____

SPECIAL THERAPIES:
___ Speech
___ Occupational Therapy
___ Physical Therapy

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BOX B

Please check all that apply:
___ Regular Division with no services
___ Regular Division with the following services:
___ Speech
___ Physical Therapy
___ Disciplinary Problems
___ Occupational Therapy
___ Learning Disability Resource

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Are special medications required? ___NO ___YES (please request medical authorization form)

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I understand that temporary grade placement may be made until all academic and special education records are received by this school. Permanent grade placement may be made after a review of all records and an evaluation of academic performance.

_____ _____
Parent/Guardian Signature Date