



Application for Instructional Support

Name of Student _____ Grade _____ Date of Application _____

Name of parent or guardian _____

Contact information: Phone _____ Email _____

Complete mailing address _____

Please tell us why instructional support is being requested. Use space below and continue on back if necessary.

Has your child ever had a medical diagnosis? _____ If yes, what was the date? _____

Please attach the document.

Has your child ever been evaluated by a public school team? _____ If yes, what was the date? _____

Please attach a copy of results of that test and the recommendations.

What do you see as your child's strengths?

Have you noticed patterns in your child's approach to learning that prohibit accomplishments?

If so, please specify.

What techniques seem to foster greater understanding and achievement in your child?

What are your realistic expectations for your child's learning?

Is there anything else that you wish to share with us about your child?

Signature of Parent _____ Date _____

Signature of Principal _____ Date _____

Signature of Counselor _____ Date _____