



CAMPION SCHOOL

LEARNING SUPPORT INFORMATION FORM

This form must be completed by the head or assistant head of your child's former school regardless of whether or not assistance with learning support is necessary.

APPLICANT'S

NAME:.....
(SURNAME) (FIRST NAME)

NAME OF PRESENT

SCHOOL:.....

SCHOOL TELEPHONE

NUMBER:.....

LAST YEAR/GRADE ATTENDED:.....

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Does the applicant receive any assistance from the Special Education Department of your school? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do any of the applicant's school records indicate that he/she has ever received learning support? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. To the best of your knowledge, has the applicant ever been tested by a specialist to evaluate his/her need for learning support? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any reason to believe that the applicant may have special needs which have not yet been identified? | <input type="checkbox"/> | <input type="checkbox"/> |

If 'yes' was the response to any of the questions above, could you please elaborate on your answer in the space provided below.

Name (print)

Title

Date

Signature &
School stamp