



## ***INITIAL GUIDANCE QUESTIONNAIRE*** ***2010-2011***

**PLEASE PRINT**

**Student Name** \_\_\_\_\_ **Grade Entering** \_\_\_\_\_

**School Last Attended** \_\_\_\_\_

**Parents/Legal Guardian** \_\_\_\_\_

Dear Parent/Guardian:

Because the goal of Queen of Angels Catholic School is to offer our students the very best education by presenting them with every opportunity to learn, we must ask for our parents' complete cooperation throughout the school year.

Individual learning can be a complicated issue for some students. The learning process can be enhanced by our having any information resulting from any prior evaluation, assessment, test, and/or diagnosis that indicate conditions that might affect or interfere with your child's ability to learn. In the best educational interest of your child, please complete this questionnaire, sign it, and return it with your application materials to the school office. This information will aid us in meeting your child's needs and will be held in strict confidence as regulated by the Diocese of Greensburg Student Records Policy and the strict implementation standards of our school. I look forward to meeting with you to discuss your child's strengths and learning needs.

Mrs. Linda Holsopple  
School Administrator

1. Was your child ever evaluated, assessed, tested, or diagnosed with any mental, physical, or emotional condition that could interfere with his/her ability to learn?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

2. Prior evaluation was completed for one of the following reasons:

\_\_\_\_ Learning      \_\_\_\_ Intelligence      \_\_\_\_ Behavior      \_\_\_\_ Gifted Program  
\_\_\_\_ Other (Please explain)

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(OVER)

3. Prior evaluation was completed for one or more of the physical reasons listed below:  
 Vision     Orthopedic     Hearing     Speech     Development  
 Other (Please explain)

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4. Prior evaluation was conducted by one or more of the following:  
 Intermediate Unit     Mental Health     Private Practitioner     School district  
(includes early intervention)  
 Other (Please explain)

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5. Is your child currently identified as requiring special education services?  
 YES  
 NO

6. If prior evaluation was conducted, would you be willing to provide us with a copy of any report that we feel is necessary for your child's education?  
 YES    If yes, please present a copy to the school.  
 NO    If no, would you be willing to discuss the results with the guidance counselor or principal?

Please explain: \_\_\_\_\_

6. My child receives/received the following services. (Please list e.g. speech, remedial reading, gifted, IEP, ...)

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Print Name of Parent/Legal Guardian \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_