

EAST LAKE ACADEMY



13911 W. Laurel Drive
Lake Forest, IL 60045
Phone: (847) 247-0035
Fax: (847) 247-1937

www.eastlakeacademy.org

SPECIAL TESTING AND INFORMATION SHEET

Name _____

Grade Applying to _____

Date _____

Please check the appropriate blanks.

1. My child has been tested for:

- _____ Giftedness
- _____ Learning Disabilities
- _____ Behavioral Difficulties
- _____ Speech and Language Delay/Difficulties
- _____ Attention Deficit Disorder Place/Date _____
- _____ Hyperactivity Place/Date _____
- _____ My child has not received any special testing.

If yes to any of the above, please share with us all information obtained from these evaluations, and please indicate what special classes, help or support your child has received. Please attach or forward any copies of testing and/or reports to East Lake Academy.

2. My child has been in special programs for:

- _____ Gifted and Talented
 - _____ Children with Learning Disabilities
 - _____ Children with Behavioral Difficulties
 - _____ Speech and Language Remediation
 - _____ Attention Deficit Disorder/Hyperactivity, where/when: _____
-
- _____ My child has not been in any special programs.

3. My child has had remedial help in:

_____Mathematics _____Reading _____Other

Subject(s):_____

Where/when?_____

In order to expand our programs to best serve our students, please indicate if your child has significant experience or interest in:

_____Music _____Dance _____Sports _____Art Other:_____

Please comment:

Parent Signature:_____

Date:_____