

Name \_\_\_\_\_

Grade Applying to \_\_\_\_\_ Date \_\_\_\_\_

**Please check the appropriate blanks.**

**1. My child has been tested for:**

- |   |   |
|---|---|
| <input type="checkbox"/> Giftedness                                     | <input type="checkbox"/> Behavioral Difficulties                |
| <input type="checkbox"/> Learning Disabilities                          | <input type="checkbox"/> Speech and Language Delay/Difficulties |
| <input type="checkbox"/> Attention Deficit Disorder                     | Place/Date _____  |
| <input type="checkbox"/> Hyperactivity                                  | Place/Date _____  |
| <input type="checkbox"/> 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:**

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

**3. My child has received 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:**

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_