

**EAST LAKE ACADEMY**
A Roman Catholic School of Academic Excellence

SPECIAL TESTING AND INFORMATION SHEET

Name _____

Grade Applying to _____ Date _____

Please check the appropriate blanks.

1. My child has been tested for:

_____ Giftedness _____ Behavioral Difficulties
_____ Learning Disabilities _____ 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 Behavioral Difficulties
_____ Children with Learning Disabilities _____ Speech and Language Remediation
_____ Attention Deficit Disorder/Hyperactivity, where/when: _____
_____ 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:

Parent Signature: _____ Date: _____