

## Supplemental Forms Developed by Jeff Tunkey for Standard First Grade Readiness Screenings and Second Grade Extra Lesson Developmental Assessments

When considering whether a student might need classroom adaptations and/or a child might need an individualized developmental support program, the broader, deeper and more objective that observations can be, the better. Carefully observing every child in a class—not just the ones we “know” need remedial attention—never fails to reveal new understanding.

On the following pages is a sequence of forms I’ve used over the years to supplement the First Grade Readiness Screenings and the Second Grade Extra Lesson Developmental Assessments that are standard at my school. These can be filled out by the class teacher and/or remedial teacher. A team effort is always the best!

Maintaining a clear trail of parent and teacher communication and coordination at every step is vital to the success of an Educational Support Team (EST). The forms offered on the following pages can be implemented in a variety of sequences, depending on the situation in individual cases.

**Step 1** (1) might be used first, when a parent or teacher other than the class teacher requests that EST “take a look” at a student. In this instance, EST would want the class teacher to fill out **Step 2** (2-1, 2-2) before doing the assessment, so that more background is available. If a class teacher is initiating the request, it would probably be best for the class teacher to fill out Step 1 and Step 2 at the same time.

In **Step 3** (3-1, 3-2) the form will help class teachers distill the thousands of impressions that build up for each child, and assign an objective value to defined aspects of capacity for learning. This form can be highly useful even as a whole-class evaluation modality, i.e., not just as part of the paper trail for selected students who may need help. One way to approach this observation project is for the class teacher to complete a form for one student a day.

**Step 4** (4-1, 4-2, 4-3) provides information from the parent side that can be useful in how the student’s challenges can be helped, and also provides an avenue for parent “buy-in” to the work of the EST.

**Step 5** (5-1, 5-2) documents what support services, class modifications or exemptions have been recommended, and the parents’ acceptance (or not) of the school’s recommendations.

*(from Educating for Balance and Resilience)*

Student \_\_\_\_\_ Completed by \_\_\_\_\_ Date \_\_\_\_\_

Teacher(s) or parent(s) requesting assessment: \_\_\_\_\_

Reason for request (i.e., developmental insight needed, or areas where student is having difficulty):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you already tried in the classroom to address this?

\_\_\_\_\_  
\_\_\_\_\_

Assessment(s) requested – check all that apply:

- Developmental/Extra Lesson     Reading & Writing     Math     Therapeutic Eurythmy  
 Other: \_\_\_\_\_

(note: most assessments are done during class time)

Class Teacher approval: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS APPROVE**

I/we have been informed of the aims and methods of the Educational Support Team and give permission for the above assessment(s).

Parent signature(s)

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**PARENTS DECLINE**

I/we have been informed of the aims and methods of the Educational Support Team and decline permission for the above assessment(s).

Parent signature(s)

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Student \_\_\_\_\_ Completed by \_\_\_\_\_ Date \_\_\_\_\_

(1 = no problem, 5 = significant difficulty)    1    2    3    4    5

**Constitutional observations**

Unusual diet, e.g. a lot of soft foods, or refusal of an entire category of foods; strong aversion to some common textures, tastes or smells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mouth breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergies, asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appears physically immature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seems over- or under- stimulated (circle one)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lost on a cloud, or over-aware of environment (circle one)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tired, sickly, stubborn, nervous (circle as applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other					

**Behavior observations**

Quick to feel attacked/bothered, e.g. when in line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoids eye contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeks excessive physical contact; or avoids physical contact (circle one)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hesitation or refusal to participate in group activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slow with tasks or work; reluctant to move to next activity; fixates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rushes ahead with tasks or work; difficulty with transitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble with spoken directions, multi-step directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble with written, drawn or moved directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other					

**Movement observations**

Falls off chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tucks feet under legs or twists around chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twirls body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes noises or twitches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fidgets, plays with objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clumsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty or avoidance of personal care items like shoe tying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Itching, picking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soft speech or baby talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Messiness - work or clothes, desk, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertain laterality; switches hand use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tries to shake hands with left hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Movements appear immature, i.e. toddler-like movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mirrors movements (3rd Gr. & up) i.e. uses left hand when you hold up right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can't stay in rhythm or tone with marching, clapping, singing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other					

(1 = no problem, 5 = significant difficulty) 1 2 3 4 5

**Movement for reading and writing observations - Grades classroom**

Letter, number reversals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tension or difficulty with pencil grip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letter and/or number reversals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Messy or disorganized handwriting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty with form drawing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holds reading close to eyes, or leans way in to desk work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moves work or torso to one side so work is only on one side (which: )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rubs eyes, blinks, frowns, tires quickly with eye tasks or gets headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other					

**Language observations - Early Childhood (or Grades)**

Home background for vocabulary, talking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family background of dyslexia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does not talk in complete sentences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory discrimination, hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor grasp of concept of same/different, e.g. bigger/smaller, longer/shorter, older/younger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does not listen to stories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does not desire to understand stories; can't recall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seems uninterested in books	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does not engage in dramatic play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other					

**Capacity observations - Grades (or Early Childhood)**

Questions re general intelligence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manifests fear, dislike or frustration about writing/reading activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feels like a failure at writing/reading activities, or overly aware to ability comparisons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manifests fear, dislike or frustration about math/numeracy activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feels like a failure at math/numeracy activities, or overly aware to ability comparisons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents not with program - too much pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents not with program - too little expectation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disparity in ability levels, i.e. any inconsistency such as emotionally aware but moves like a toddler, OR much brighter in math than reading or vice versa, verbal but not reading (note below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marked interest in mechanical objects, taking things apart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks a lot of questions, or none	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needs directions repeated many times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other					

Student \_\_\_\_\_ Completed by \_\_\_\_\_ Date \_\_\_\_\_

Teacher(s) and/or parents requesting:

\_\_\_\_\_

**SECTION 1**

Teacher or parent to describe goals/challenges to be addressed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program request – check all that may apply:

Developmental - Extra Lesson

Therapeutic Eurythmy

Reading/Writing Support

Math Support

Exemption from Standard Curriculum Requirements (see Step 5, page 2)

Do you feel this student's challenges are primarily (check one or number in order):

Organic/medical/constitutional

Emotional/psychological

Developmental

Needs more repetition for skills

Has this student been evaluated by an outside source, e.g. psychologist or district?

Yes  No

If Yes, attach copy of all reports

**SECTION 2**

To be completed by Class Teacher. Indicate your observations of challenges. 1 = no problem, 5 = significant difficulty

	1	2	3	4	5
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Form drawing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will forces - i.e. easily discouraged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reverses letters/numbers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moves paper or torso to side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writes bottom-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sequencing & Rhythm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other classroom:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Limitations or Handicap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine Motor/Eye-Hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laterality - i.e. switches hand use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Touch Sense - e.g. collisions or avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life Sense - e.g. often tired or can't hold thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Movement Sense/Gross Motor - e.g. clumsiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance Sense - e.g. trouble sitting still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruptive Behavior, Anxious or Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socialization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body Awareness/Geography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orientation in Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orientation in Space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





## Childhood

Please think of the various stages of your child's development, considering behavior that comes to mind as you answer these questions. Which behavior do you think of as being different from other children you know? Were there times when your child's behavior was difficult to cope with in the family unit? Circle the choice which applies: – Y (Yes), N (No), U (Used to), or D (Doesn't apply because child is not yet old enough, or for another reason).

### Tactile (touch) – Did/does your child:

Dislike to be touched, held or cuddled??	Y N U D
Seem easily irritated or threatened when touched by siblings or playmates?	Y N U D
Have a strong need to touch people & objects?	Y N U D
Pinch, bite or otherwise hurt self or others?	Y N U D
Dislike the feeling of certain clothing?	Y N U D
Over or under dress for the temperature?	Y N U D
Other touch/sensory issues	

### Vestibular (movement) – Did/does your child:

Enjoy being rocked, tossed in air, etc.	Y N U D
Like fast rides?	Y N U D
Like to swing?	Y N U D
Spin or whirl more than other children?	Y N U D
Get carsick easily?	Y N U D
Get nauseous and/or vomit from other kinds of movement?	Y N U D
Have fear in space (stairs, heights)?	Y N U D
Lose balance easily?	Y N U D
Walk on toes (not whole foot)?	Y N U D

### Visual – Does your child:

Have a visual problem?	Y N U D
Seem very sensitive to light?	Y N U D
Have trouble using eyes?	Y N U D
Avoid eye contact?	Y N U D
Get distracted by visual stimuli?	Y N U D
Make reversals when writing, copying or reading?	Y N U D
Have trouble with shapes, colors and/or size?	Y N U D
Squint often?	Y N U D

### Taste and Smell – Does your child:

Explore with taste?	Y N U D
Chew on non-food items?	Y N U D
Have any feeding problems?	Y N U D
Have trouble changing food textures?	Y N U D
Seem hypersensitive to smells?	Y N U D

### Auditory & speech (sound)– Does/is your child:

Have a hearing loss?	Y N U D
Have PE tubes?	Y N U D
Have a lot of ear infections?	Y N U D
Hypersensitive to sounds?	Y N U D
Fear unexpected noises or unusual sounds?	Y N U D
Distracted by sound?	Y N U D
Miss sounds or words?	Y N U D
Have trouble listening?	Y N U D
Hum or make odd noises?	Y N U D
Have trouble imitating rhythmic sounds?	Y N U D
Have trouble understanding or following directions?	Y N U D
Talk or make noises excessively?	Y N U D
Talking interferes with listening?	Y N U D
Have delayed speech development?	Y N U D

### Muscle Tone – Does your child:

Feel heavier than he/she looks?	Y N U D
Have good endurance?	Y N U D
Have muscle problems?	Y N U D
Have flat feet?	Y N U D
Slump when sitting?	Y N U D
Get tired easily?	Y N U D
Seem weak?	Y N U D

### Coordination – Did/does your child:

Sit, stand or walk late?	Y N U D
Sit, stand or walk early?	Y N U D
Have a short creeping or crawling phase (or none at all)?	Y N U D
Have a very long creeping or crawling phase?	Y N U D
Creep on tummy or bottom?	Y N U D
Have slow, plodding, deliberate movements?	Y N U D
Play with toys appropriately for his/her age?	Y N U D
Have trouble dressing, buttoning, zipping and/or tying shoes?	Y N U D
Have trouble holding a pencil correctly?	Y N U D
Trip or fall a lot? Seem awkward?	Y N U D
Which hand is dominant?	R L
Have poor handwriting?	Y N U D
Handle small things easily?	Y N U D
Eat neatly for his/her age?	Y N U D
Have rigid movements?	Y N U D
Grimace or use tongue when performing fine motor tasks?	Y N U D
Like sports, PE, etc.?	Y N U D

**Behavior/Temperament – Is/was your child:**

An irritable baby?	Y N U D
Quiet, calm, patient?	Y N U D
Active, outgoing?	Y N U D
Intense, anxious?	Y N U D
Explosive, aggressive?	Y N U D
Easy going, predictable?	Y N U D
Clingy?	Y N U D
Rigid, set in ways?	Y N U D
Adaptable/flexible?	Y N U D
Distractible?	Y N U D
Moody?	Y N U D
Frustrated frequently?	Y N U D
Difficult to get to sleep?	Y N U D
Destructive with toys?	Y N U D

**Did/does your child:**

Have a high activity level?	Y N U D
Have a low activity level?	Y N U D
Have erratic sleep patterns?	Y N U D
Wet the bed? How often:	Y N U D
Wake frequently?	Y N U D
Have night terrors and/or nightmares?	Y N U D
Play well alone?	Y N U D
Have a short attention span?	Y N U D
Find it hard to make choices?	Y N U D
Dislike schedule changes or surprises?	Y N U D
Demonstrate self-stimulation behaviors?	Y N U D
Anger easily or have frequent tantrums?	Y N U D
Have difficulty with change?	Y N U D
Act out?	Y N U D
Make friends easily?	Y N U D
Prefer older children?	Y N U D
Prefer adults?	Y N U D
Prefer being alone?	Y N U D
Have low self-esteem?	Y N U D
Seem discouraged or depressed?	Y N U D

**Learning Styles – Does your child:**

Recognize own errors?	Y N U D
Learn from mistakes?	Y N U D
Acquire materials for tasks independently?	Y N U D
Set up his/her own workspace?	Y N U D
Maintain his/her workspace?	Y N U D
Work independently?	Y N U D
Generalize known skills to new ones?	Y N U D
Have age-appropriate memory?	Y N U D
Ask for help when necessary?	Y N U D
Plan ahead?	Y N U D

Create new ideas and/or new ways of doing things?	Y N U D
Use age-appropriate content in written language?	Y N U D
Get work done on time?	Y N U D
Perform at or above an average reading level?	Y N U D
Perform at or above an average math level?	Y N U D

**School history**

Has your child ever received any screening or evaluation for learning support needs, been given a 504 Plan or an IEP, or needed regular tutoring to move ahead in school? If so, please provide dates and details. Y N

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Please add anything else that will help us better educate your child

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Student \_\_\_\_\_ Completed by \_\_\_\_\_ Date \_\_\_\_\_

Teacher(s) recommending support program: \_\_\_\_\_

Academic area(s) indicating need for support: \_\_\_\_\_

Aims and schedule for program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program will include the following as needed during this school year:

Extra Lesson  Therapeutic Eurythmy  Reading/Writing Support  Math Support

Outside resources recommended \_\_\_\_\_

Homework required to support above. **HOMEWORK POLICY:** Your child will be helped with many exercises during school hours, but in order for him or her to progress, certain activities need to be done more frequently or for a longer time than is available during school. Therefore, our homework assignments are not a "wish list" or a beneficial extra, but ***a key component of your child's school program.***

Lesson schedule/classes to be excused from (see next page for any modification of requirements):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENTS APPROVE

I/we have been informed of the aims and methods of the Educational Support Team and give permission for the above program, and will carry out the home requirements noted.

Parent signature(s)

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

PARENTS DECLINE

I/we have been informed of the aims and methods of the Educational Support Team and decline permission for the above program.

Parent signature(s)

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

EXEMPTION FROM STANDARD CURRICULUM REQUIREMENTS

Teacher(s) or parents requesting:

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Basis\* for request:

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Aspects of Curriculum to be Modified or Exempted:

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Duration of modification:

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Alternate activity will be:

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\* Note: Program modifications may require a Physician's letter (in the case of a medical limitation) or a completed Educational/Psychological Assessment from the student's public school district or outside clinic.



