



Student Support Services Form

To be completed by Parents or Guardians
for each applicant

Student Support Services Form

Parents and/or guardians **must** complete this form as part of the BIS application for admission. This form and attached documentation, if applicable, provides BIS with essential information regarding your child and assists the school in ensuring that your child will receive appropriate support services. Please submit any reports, individual education plans or psycho-educational assessments along with this form. Disclosure of information regarding your child's learning support needs is a required part of the application.

Student Name:

Grade applied for: Date of Birth:

I hereby declare that the information provided is true to the best of my knowledge

Name: **Date:**

Signature:

With regard to your child, please give your thoughts on the following (please tick yes or no for each line):

Behavioural	YES	NO
Poor concentration		
Easily distracted		
Impulsive (does not stop and think before acting)		
Has difficulty following directions		
Unusually high or low activity level		
Has difficulty with change in routines		
Difficulty organizing materials		

Social/Emotional	YES	NO
Problems with self-esteem		
Difficulty relating to peers		
Difficulties with conflict and anger		
Difficulties co-operating and sharing with others		
High levels of anxiety		

Learning Difficulties	YES	NO
Difficulties processing / comprehending information		
Language difficulties / delay in first language		
Difficulties with memory		
Written expression difficulties or written language difficulties		

Physical Difficulties	YES	NO
Fine motor skills		
Gross motor skills		
Hearing problems		
Sight problems		
Speech problems		

Has your child ever received support from one of the following?	YES	NO
Learning Support Teacher / Special Needs Teacher		
Speech Pathologist		
Occupational Therapist		
Psychologist		
Counselor or Therapist		
Has your child ever had an Individual Education Plan?		
Has your child ever had a Psycho-Educational Assessment?		
Has your child previously needed a full-time or part-time individual learning assistant?		

If you answered YES to any of the above, please attach documentation.

Has your child ever had a diagnosis of:	YES	NO
Autism		
Asperger's Syndrome		
Language Delay		
Developmental Delay		
ADHD/ADD		
Learning Disability		
Do you have any concerns regarding your child's ability to learn? <i>If yes, please comment:</i>		

Please give details of any strengths/talents that your child may have:

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