



St. Bernard Regional Catholic School

A Pennsylvania Charitable Trust

300 Clairvaux Drive

Indiana, PA 15701

(724) 465-7139

INITIAL GUIDANCE QUESTIONNAIRE

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Please Print the Information

Student Name: _____ Grade Entering: _____

Last School Attended: _____ Last Date Attended: _____

Parents/Legal Guardians: _____

Dear Parent/Guardian:

Because the goal of St. Bernard Regional Catholic School is to offer our students the very best education by presenting them with every opportunity to learn, we must ask for our parents'/guardians' complete cooperation throughout the school year. Individual learning can be a complicated item for students. Providing the school with information regarding prior evaluations, assessments, and/or diagnoses can enhance the learning process.

In the best educational interest of your child, please complete this questionnaire, sign it, and return it with your application materials to the school office. This information will aid us in attempting to assess and meet your child's learning needs and will be held in strict confidence as regulated by the Diocese of Greensburg Student Records Policy.

Mrs. Denise Swope

1. Was your child ever evaluated, assessed, tested, or diagnosed with any mental, physical, or emotional condition that could interfere with his/her ability to learn?

_____ YES _____ NO

2. If yes, prior evaluation was completed for one of the following reasons:

___ Learning ___ Intelligence ___ Behavior ___ Gifted Program
___ Other (Please explain)

3. Prior evaluation was completed for one or more of the physical reasons listed below:
 Vision Orthopedic Hearing Speech Development
 Other (Please explain)

(OVER)

4. Prior evaluation was conducted by one or more of the following:
 Intermediate Unit Mental Health Private Practitioner School district
(includes early intervention)
 Other (Please explain)

5. Is your child currently identified as requiring special education services?

YES
 NO

6. If prior evaluation was conducted, would you be willing to provide us with a copy of any report that we feel is necessary for your child's education?

YES If yes, please present a copy to the school.
 NO If no, would you be willing to discuss the results with the guidance counselor or principal?

Please explain: _____

6. My child receives/received the following services. (Please list e.g. speech, remedial reading, gifted, IEP, etc.)

Print Name of Parent/Legal Guardian _____

Parent/Legal Guardian Signature _____ Date _____