

## Learning Optimization Form 20010-2011

Student's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

**In order to create an effective and positive learning environment for everyone, please provide the following information about your child. Appropriate information will be shared with child's teacher to help optimize their learning. This form is completely confidential.**

Please describe how your child best learns: (music, art, small group, discussions, visually, etc.)

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Please describe how your child best interacts with other students and peers:

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Please describe any other details that would be helpful to know about your child:

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Does your child have any learning disabilities or special needs that may affect his/her classroom performance? Yes \_\_\_\_\_ No \_\_\_\_\_  
[Please describe below, including medication/daily maintenance]

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Does your child take behavioral medicine to attend school? Yes\_\_\_\_ No\_\_\_\_  
If yes, do they take the same medicine on Sundays? Yes\_\_\_\_ No\_\_\_\_  
For students in 2<sup>nd</sup>-7<sup>th</sup> grade, is the medicine still active by 4 pm? Yes\_\_\_\_ No\_\_\_\_

Does your child have an IEP? Yes\_\_\_\_ No\_\_\_\_  
If so, may we contact the school for guidance in our inclusion efforts? Yes\_\_\_\_ No\_\_\_\_  
Does your child need an assistant in the classroom? Yes\_\_\_\_ No\_\_\_\_

\* If yes, please contact the Director of Congregational Learning to discuss an assistant for your child.