First Question for Supplemental Intake Form

To help you determine if the enrolling student has a disability, simply add the following question to your current intake/registration form. If the student marks "yes", use the attached "Supplemental Disability Registration Form" to gain more information about their disability and needs in the classroom. This form can help you learn more about the student, if they need accommodations, and if they are an appropriate fit for Adult Basic Education.

If the student has a case worker, social worker, guardian or family member that you may want to contact, ask them to sign the "Consent for Release of Information" form. This will allow you to contact, share, and gain information from the students support system and provide you with information to best serve the individual.

Contact Wendy Sweeney at PANDA with any questions. 763-504-4095 or wendy_sweeney@rdale.org

Have you ever been diagnosed with a condition that could impact your learning (i.e. mental health, ADHD, developmental disability, learning disability, brain injury, vision or hearing loss, etc.)?

_____YES _____NO

Supplemental Registration Form-Confidential

Student Name_____ **Date**_____

To learn more about you and your learning needs, please answer the following questions:

Did you ever receive special education services or given extra help in school? _____Yes _____No

Did you have an: _____Individualized Education Plan (IEP) _____ 504 Plan

Please circle the category of special education services you received:
Attention Deficit Hyperactivity Disorder (ADHD), Specific Learning Disorder (SLD), Developmental Cognitive Disability (DCD, sometimes called MMR), Emotional Behavioral Disability (EBD)

Circle the type of support you received: Small group instruction, one-on-one instruction, extended time on tests and assignments, modified assignments, after school help, summer school.
If other, please specify:_____

Have you ever been diagnosed with any of the following?

Mental health condition? _____Yes _____No
Circle all that apply: depression, anxiety, bipolar, schizophrenia, Post-Traumatic Stress Disorder (PTSD), substance abuse. If other, please specify:_____

Attention Deficit Hyperactivity Disorder (ADHD) _____Yes _____No

Developmental Disability? _____Yes _____No
Circle all that apply: Autism, Cerebral Palsy, Downs Syndrome, Fetal Alcohol Syndrome, Intellectual Disability, Mental Retardation. If other, please specify:_____

Visual difficulties? _____Yes _____No
Circle all that apply: vision loss, blurry vision, words move, words fall off the page, macular degeneration. If other, please specify:_____

Hearing difficulties? _____Yes _____No
Circle all that apply: hearing loss, ringing in ears, deafness.

Any physical limitations? _____Yes _____No
Circle all that apply: mobility challenges, migraines, stroke, seizures, serious illness.
If other, please explain:_____

Traumatic or Acquired Head Injury? _____Yes _____No
Circle all that apply: car accident, stroke, congenital, physical violence, sports injury, war injury
If other, please explain:_____

Specific Learning Disability in reading, math or writing? _____Yes _____No
Circle all that apply: dyslexia (reading), dyscalculia (math), dysgraphia (writing).

What will help you with your learning? Circle all that apply: breaks, extra time, testing in a private room, preferential seating, one on one instruction. If other, please specify: _____

_____

Do you have documentation of your disability (for example, IEP, 504 Plan, a letter or document from doctor or mental health professional)? _____Yes _____No
Do you have a case worker or social worker? _____Yes _____No
Do you have a legal guardian? _____Yes _____No
If yes, to exchange information to help you at school, please sign the "Consent for Release of Information".

Consent for Release of Information

This consent form gives _____ your permission to obtain or release your Protected Health Information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA), in order to exchange information about school and learning.

Student Name_____

Address_____City_____Minnesota Zip_____

Phone_____Cell_____Date of Birth_____

Authorization Granted By:

Student Signature_____Date_____

Guardian Information

Guardian Name_____

Address_____City_____Minnesota Zip_____

Phone_____Cell_____

Relationship to student_____

Guardian Signature_____Date_____

Case Worker/Social Worker or School Official Information

I authorize _____ to release or obtain information to/from:

Case Worker/Social Worker/School Name_____

Phone_____Fax_____

Email Address_____

Created by PANDA-Minnesota ABE Disability Specialists Updated 2/1019