

## **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 PANDA with any questions at 763-504-4095 or by email at [panda@rdale.org](mailto:panda@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 loss, 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 \_\_\_\_\_