

Eden Park Academy
Student Enrollment Needs Assessment Form

Student Name: _____ Entering Grade: _____

Last School Attended: _____ Date of Birth: _____

The following information is required in order to assure that Eden Park Academy may best meet the needs of your child.

Has your child been receiving or previously received any of the services listed below. All questions must be answered.

- yes no Special Education (including Resource, Life Skills)
- yes no Speech Therapy
- yes no Occupational Therapy
- yes no Adaptive P.E
- yes no Reading Recovery
- yes no LEP/ESL/TBE
- yes no Content Mastery
- yes no 504 Services
- yes no In-School Counseling
- yes no Out-of-School Counseling
- yes no Foster Child

Please list any other information that you may feel is important to assist us in meeting your child's needs.

Parent/Guardian Signature _____