

Application for Learning Differences Program

Name _____ Grade _____

Address _____

Phone number _____

Classification, (Learning Disabled, ADHD, Autism, etc)

Psychological testing: yes ___ no ___

Source of testing _____

Date of last testing _____

Does student have IEP or 504 Plan? Yes ___ No ___ Other _____

IEP _____ 504 Plan _____ GE Plan _____

Does student use accommodations? _____

Comments _____
