

**Oak Park Temple
Religious School Special Needs Assessment
2009-2010**

CONFIDENTIAL FORM

Return this form in a separate envelope directly to:

**Robin Arbetman
Temple Educator
Oak Park Temple
1235 N. Harlem
Oak Park IL 60302**

Each child spends between 1.5 and 3.5 hours learning with us each week. Time is short and the task is great. We want each student to learn as much as possible and have a positive religious school experience. We are asking for this information to help reach that goal. We will use this information to:

1. Help your child learn as effectively as possible.
2. Determine if there is a need in our school for a special education resource teacher.
3. Determine if there are enough students requiring differentiated instruction for us to receive a grant for this program.

This form should be returned directly to the Temple Educator in a separate envelope to be kept completely confidential. If you choose to have this information shared with the classroom teacher, please check the box indicated at the end of this form.

Name of student:

2009-2010 grade level:

Does your child have an IEP and/or learning and behavioral issues?

If yes, please describe the nature of the issues or diagnosis for the IEP:

What has your full time school done to help your child have a better learning experience in the classroom?

What do you think we can do to help your child have a better learning experience in the classroom?

Please use the back of this form to provide additional information. Thank you.

It is ok to share this form with my child's classroom teacher.

Do not share this form with my child's classroom teacher.

Signature of parent/s

Date