



Child's Name \_\_\_\_\_

List medical issues we should be aware of:  Asthma  
 Allergies (specify) \_\_\_\_\_  
 Other \_\_\_\_\_

List educational issues we should be aware of:  Is on an Individual Education Plan at school  
 ADHD  
 Auditory Processing  
 behavioral  
 other

Please let us know what strategies work best with your child.

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