



SPRING GARDEN ACADEMY

PRESCHOOL-8TH GRADE | EXTENDED CARE | SUMMER CAMP

Please let us know if your child has any special needs (nutritional, medical, developmental, and behavioral) which require our attention.

Child's Name: _____

Parent Name(s): _____

Name of physician or therapist: _____

Address: _____ Phone Number: _____

Diagnosis of child's condition: _____

Simple explanation of how the condition affects the child's care and/or education.

Special Instructions:

Who should be involved in planning and evaluation for this child?

How often should a follow-up evaluation of progress be done?

Signature _____ Date _____

Physician/Therapist Signature _____ Date _____