



**Christ**  
the Divine Teacher  
School

## INITIAL GUIDANCE QUESTIONNAIRE

Page one of two pages  
*Please Print the Information*

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_

Dear Parent/Guardian:

Because the goal of Christ the Divine Teacher School is to offer our students the very best education by presenting them with every opportunity to learn, we must ask for our parents'/guardians' complete cooperation throughout the school year. Individual learning can be a complicated item for students. Providing the school with information regarding prior evaluations, assessments, and/or diagnoses can enhance the learning process.

In the best educational interest of your child, please complete this questionnaire, sign it, and return it with your application materials to the school office. This information will aid us in attempting to assess and meet your child's learning needs and will be held in strict confidence as regulated by the Diocese of Greensburg Student Records Policy.

Mr. J. Kevin Frye  
Principal

1. Was your child ever evaluated, assessed, tested, or diagnosed with any mental, physical, or emotional condition that could interfere with his/her ability to learn?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

2. If yes, prior evaluation was completed for one of the following reasons:

\_\_\_\_ Learning      \_\_\_\_ Intelligence      \_\_\_\_ Behavior      \_\_\_\_ Gifted Program  
\_\_\_\_ Other (Please explain)

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3. Prior evaluation was completed for one or more of the physical reasons listed below:

\_\_\_\_ Vision      \_\_\_\_ Orthopedic      \_\_\_\_ Hearing      \_\_\_\_ Speech      \_\_\_\_ Development  
\_\_\_\_ Other (Please explain)

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**(OVER)**

4. Prior evaluation was conducted by one or more of the following:

Intermediate Unit (includes early intervention)       Mental Health       Private Practitioner       School district

Other (Please explain)

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5. Is your child currently identified as requiring special education services?

YES  
 NO

6. If prior evaluation was conducted, would you be willing to provide us with a copy of any report that we feel is necessary for your child's education?

YES      If yes, please present a copy to the school.

NO      If no, would you be willing to discuss the results with the guidance counselor or principal?

Please explain: \_\_\_\_\_

6. My child receives/received the following services. (Please list e.g. speech, remedial reading, gifted, IEP, etc.)

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Print Name of Parent/Legal Guardian \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_