



# Academic Needs Assessment Form

## CONFIDENTIAL REPORT

*This form needs to be submitted prior to the student being considered for admission into Shaikha Hessa Girls' School. Please review this form, and then fill it out. This form should be returned directly to SHGS from the student's present school either by hand or by fax (17750700)*

### To the parents

Please sign this form and give it to your child's present school in order for them to release the information requested below. Your written consent prior to the disclosure of personal information from your child's records will assist SHGS in determining appropriate placement; but will not be included in your child's permanent record.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby give my permission for (student's current school) \_\_\_\_\_ to release the following information on my child to Shaikha Hessa Girls' School.

\_\_\_\_\_

Parent Name: (please print)

Parent Signature

Date: \_\_\_\_\_

### To the School Official

This form is to be completed by a school official (principal, school counselor, dean of students, special educational needs specialist) who is familiar with the child seeking admission. Please answer the following questions to enable us evaluate the student's academic needs and decide upon her appropriate academic placement.

1. Has this student ever had any help at your school? If so, please specify in which area(s) listed below and whether the services need to be continued?

- English as a second language .....
- Arabic as a second language .....
- Special Education Services .....
- Speech Therapy .....
- Others .....

2. Does this student receive regular tutoring? If so, please specify in which subject area(s), and whether you feel that this tutoring needs to be continued?

3. Does this student suffer from any chronic disease that would affect her academic work?

- Yes       No      **If yes, please tick or specify**  
 Allergy/Asthma       Blood disease       Epilepsy  
 Others:

4. Is this student on any medication?

- Yes       No      **If yes, please explain**

5. Has the student ever been tested for any learning disability?

- Yes       No      **If yes, please explain**

6. Do you feel that this student should be evaluated and/or referred for special educational services?

- Yes       No      **If yes, please explain**

7. Does this student have any psychological, emotional, or behavioral issues that may affect her academic progress and need to be addressed by the special educational needs specialist(s)?

- Yes       No      **If yes, please explain**

8. How would you rate the student's overall current academic performance?

- Above average       Average range       Below average

9. Did the student receive any accommodations/modifications to her program and/or evaluations?

- Yes       No      **If yes, please explain**

**Thank you**

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Date: \_\_\_\_\_

School Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Name and Address of the school \_\_\_\_\_

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School Stamp:

SHGS – CONFIDENTIAL