



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 to 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. Has this student been diagnosed with any neurodevelopmental disorders?

- ☐ Yes ☐ No **If yes, please tick or specify**
- ☐ ADHD ☐ ADD ☐ Learning Disabilities ☐ Hearing impairment
- ☐ Visual impairment ☐ Autism
- ☐ Others:

5. Is this student on any medication?

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

6. Has the student ever been referred and/or tested for any of the following? (Please tick where applicable)

- ☐ Speech and language delay
- ☐ Speech disorders (such as stuttering, lisp etc.)
- ☐ Psychomotor delay or problems with fine motor skills
- ☐ Dysgraphia
- ☐ Developmental delay
- ☐ Learning difficulties (such as dyslexia, dyscalculia etc.)
- ☐ Problems in attention
- ☐ Other (Please specify: _____)

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

☐ Yes

☐ No

If yes, please explain

8. 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

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

☐ Above average

☐ Average range

☐ Below average

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

☐ Yes

☐ No

If yes, please explain

Thank you

Date: _____

School Official's Name: _____ Title: _____

Signature: _____ Email: _____

Contact phone number: _____ Fax number: _____

Name and Address of the school _____

School Stamp: