



Rabbi Leon Wind Religious School

Beth Sholom B'nai Israel, 400 Middle Turnpike East, Manchester, CT 06040

Tel.: 860-643-9563 Fax: 860-645-3965 www.myshul.org

Student Accommodations Form 2018-19

Please fill out a separate Student Accommodations Form for **every student, including students in the Teen Program, even if you answer No to every question.** This form will help us to meet your child's learning, medical, and access needs. **Information will be held in strict confidence** by the Education Director, who will share it only with appropriate school personnel.

Student's name: _____

1. Does your child have a current IEP in effect at their school? YES NO

If you circled YES, please attach a copy of your child's IEP to this form (except teens). We cannot fully accommodate a student's learning needs if we do not have their IEP on file.

2. Does your child have any allergies? YES NO

If yes, please specify: _____

3. Does your child have any medical conditions we should be aware of (e.g. epilepsy, asthma, diabetes)? YES NO

If yes, please specify: _____

4. Does your child take any medications during the school day (e.g. for allergies, asthma, ADHD)? YES NO

If yes, please specify: _____

5. Does your child use any assistive devices (e.g. glasses, hearing aids, wheelchair, crutches)? YES NO

If yes, please specify: _____

6. Does your child need any accommodations or modifications in order to fully participate in our program (e.g. large print, ASL interpretation, written summaries of material, activity restrictions, breaks or cool-down time)? YES NO

If yes, please specify: _____

7. Does your child need additional social or emotional support (e.g. behavioral disorders, anxiety, PTSD)? YES NO

If yes, please specify: _____

8. Have there been any recent changes in your child's home environment that we should be aware of (e.g. recent move, death in the family, divorce, military deployment)? YES NO

If yes, please specify: _____

9. Is there anything else you would like us to know about your child's needs? YES NO

If yes, please specify: _____

I certify that the above information is accurate to the best of my knowledge.

Parent/guardian signature _____

____ I would like to schedule a conference with the Education Director to discuss my child's needs as a student at the Rabbi Leon Wind Religious School.