

CUA



The Catholic University Of America
Office of Disability Support Services
620 Michigan Ave NE, 207 Pryzbyla Center
Washington, DC 20064
Phone 202-319-5211, Fax 202-319-5126

PARENT INFORMATION FORM

TO BE FILLED OUT BY THE PARENT(S) (Optional)

Please return this form together with the Student Registration Form and the Teacher/Tutor Form.

Date: _____

I BIOGRAPHICAL INFORMATION

Student's Name:

First Middle Last

Student ID # _____ Birth Date: _____ Gender: MALE FEMALE

Phone: _____ Circle one: Parent's home Mom/Dad Cell

Phone: _____ Circle one: Parent's home Mom/Dad Cell

Phone: _____ Circle one: Parent's home Mom/Dad Cell

Permanent/Home Address:

City State Zip Code

II DISABILITY INFORMATION

___ ADD or ___ ADHD Date/Age at Diagnosis: _____

___ Learning Disability: Type: _____ Date/Age at Diagnosis: _____

___ TBI/ABI Date/Age at Diagnosis: _____

Please list any **disability** related medications the student is taking:

Name: _____ Amount: _____ Times per day: _____ Start date: _____

Name: _____ Amount: _____ Times per day: _____ Start date: _____

If known, please describe the cause of the disability (i.e. birth trauma, accident, degenerative, unknown):

III Academic Information

Has the student had a psychological/ educational evaluation within the last three years? Yes No
Explain:

Did the student have a transitional I.E.P. or SOP done during their senior year of high school? Yes No
Explain:

Did the most recent set of tests measure both ability and achievement? Yes No
Explain:

Were the most recent tests conducted normed for adults? Yes No
Explain:

Was the student in special classes, resource room, or supervised study hall? Yes No
Please specify

Since what grade has the student been receiving services? _____

IV SERVICE HISTORY

Please tell us about the student's high school experience:

What was the size of the school? _____ Was it public or private? _____

Was it a school that specialized in working with students with learning disabilities? Yes No

Did it have Special Education/Support Services? Yes No

Did the student use support services? Yes No

If yes, please describe the level of support the student received:

Did the student work with a tutor? Yes No

Subject/Skill: _____ Hours per week: _____ How long: _____

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V ACADEMICS

Please describe the student's study habits:

Did the student complete a foreign language?

Yes

No

If no, what courses did they take in place of the foreign language?

If yes, what foreign language did the student take? How many semesters?

Classroom Accommodations

Please check which accommodations have been given to the student previously

Recorded Texts Recorded Lectures Notetakers Calculator

Spell Check Assistive Technology: _____

Other _____

Comments on the student's in class skills _____

Learning Mode

How does the student learn best? Please rank each group.

Lectures, Recordings (Auditory)

Books, Workbooks, Handouts, Diagrams, Notes (Visual)

Movies, TV , Computer (Multi-sensory)

Modules, Experiments (Tactile)

Comments _____
