



TEMPLE
SINAI
RELIGIOUS
SCHOOL

STUDENT NEEDS - 2009-2010

A Separate Student Needs Form is Required for Each Registered Student, K-7

STUDENT'S NAME _____ 2009-2010 Grade: _____

Your responses to the following questions will be extremely helpful in ensuring that each student has a positive experience in religious school. All information provided will be kept strictly confidential, available only to the Director of Education, and disclosed only to teachers and staff members who need the information in order to ensure that your child's needs are met.

You are encouraged to set up an appointment to discuss these or any other issues with the Principal and/or your child's teacher. All information provided below will be held in confidence.

1. Are there any medical and/or physical concerns of which the school should be aware; e.g., allergies to foods, insect bites, building-access issues, etc? For any food allergies please be as specific as possible. Does your child know how to avoid foods they are allergic to?
2. Is your child receiving any special educational services?
3. Does your child experience any reading difficulties or learning challenges that might affect his/her performance, participation or enjoyment of the religious school program? Please be as specific as possible.
4. Please indicate if the child is on any medication that is being taken to impact his/her performance and/or behavior in school.
5. Is there any specific information about your child's home situation that might affect his/her attitude, performance or behavior?
6. If your child is new to Temple Sinai Religious School and entering Grade 4 or above, please answer:
_____ My child has no former Hebrew reading skills.
_____ My child has attended Hebrew school at _____ in grades K, 1, 2, 3, 4, 5.
Name of Temple circle appropriate grade(s)
7. Please share other needs/circumstances that the Religious School should be aware of.