

## Learning Difference Addendum

Bozeman Field School strives to accommodate a variety of learners. While we lack the specialized services of a larger school, our low student:teacher ratio and close community allow us to provide support for most learning disabilities and differences in our student body. The purpose of this form is to collect background information about diagnosed or suspected learning disabilities and differences so that the school can evaluate its ability to provide critical interventions and other support. Your responses may be shared with BFS faculty and staff, as well as contractors or organizational partners *on a need-to-know basis*. We hope to balance the priorities of protecting student privacy, allowing for growth and redefinition at BFS, and providing effective support for all learners.

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

If the student has been diagnosed with or is suspected to have any of the following, please indicate this by **writing the approximate date** (month and year) the condition was first noted.

Disability/Difference	Suspected	Diagnosed
Attention Deficit/Hyperactivity Disorder: Inattentive		
Attention Deficit/Hyperactivity Disorder: Hyperactive/Impulsive		
Dyslexia, dysgraphia, or other language-based learning disorder		
Dyscalculia or other mathematics-related learning disorder		
Executive Function Disorder		
Audio/Verbal Processing Deficits		
Anxiety (related to academics)		
Other:		
Other:		

Has the student taken medication relating to these conditions in the past two years?  
Yes  No

Is the student currently taking any medications to help treat these conditions?  
Yes  No  *If yes, please complete the Medication Addendum*

Other than medication, what treatment is currently being provided to the student?

\_\_\_\_\_

Under current treatment, how do(es) the student's learning difference(s) manifest?

\_\_\_\_\_  
\_\_\_\_\_

Does the condition affect the student's ability to complete work (either at school or at home)?

\_\_\_\_\_

\_\_\_\_\_



Has the student had an Individual Educational Plan (IEP) or 504 Plan at his/her past school(s)?

Yes  No  *If yes, we encourage families to share this document with BFS*

What accommodations, if any, are **critical** to the student's academic success? \_\_\_\_\_

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What accommodations, if any, are **helpful** for the student's academic success? \_\_\_\_\_

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Has the student been identified as gifted or doubly exceptional? Yes  No  *If so, please provide a brief explanation and timeline.* \_\_\_\_\_

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Has the student been identified or suspected as being on the **autism spectrum** (including Asperger's Syndrome)? Yes  No

*If so, please provide a brief description of how this has affected academic and/or social life.*

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Please provide any additional information about how best to support the student's learning difference(s) (attach additional sheets as needed) \_\_\_\_\_

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Does the student currently have a counselor, therapist, physician or other professional coordinating treatment? Yes  No

If yes, do you grant BFS permission to contact this person to consult with the school with regards to the student's diagnosis and treatment? Yes  No

*If yes, please provide contact information and sign below*

Name of provider: \_\_\_\_\_ Profession: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*By signing below, I authorize the health care provider listed above to disclose and release, via electronic or hard copy record, any and all protected health information for my child, \_\_\_\_\_ (name), to Bozeman Field School (BFS) while the child is enrolled at BFS.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_

*Please duplicate and/or attach additional sheets as needed. # sheets attached: \_\_\_\_\_*

*Parent/guardian: please initial when this addendum is complete: \_\_\_\_\_*

