



CONFIDENTIAL

Learning Support Services

for Grades PJ-12

Guidance Counsellor/Principal Use Only

The student named below has applied for admission in ACS Athens. This form should be submitted for all students regardless of whether or not Special Education Services are needed. For the application to be complete this form should be completed by the guidance counsellor or Special Services coordinator of the school (if there is no guidance counselor, please give this form to the Principal) and submitted directly by the student's previous school at **admissions@acs.gr**

Student Name (Last, First, Middle):

How long have you known the student?

Please check the appropriate boxes	YES	NO
Does the applicant currently receive any Special Education Services in your school? If yes please check the services that apply.	☐	☐
Learning Support Services(1-1 assistance, remedial interventions, math/reading/writing support)	☐	☐
Occupational Therapy	☐	☐
Speech and Language Therapy	☐	☐
Learning Remedial Interventions	☐	☐
Does the student have an Individualized Learning Plan (ILP, IEP, 504)?	☐	☐
Do any of the applicant's school records indicate that he/she has ever been tested by Special Education personnel or school psychologists?	☐	☐
Has there been any socio-emotional counseling regarding this student?	☐	☐
Do you have any reason to believe, based upon your association with the student, that there are Special Education needs not yet discovered?	☐	☐



If YES, please elaborate :

General comments or thoughts about this student: :

Should we need to contact for further details, please provide us with your contact information:

NAME & CAPACITY:

YOUR EMAIL:

YOUR TELEPHONE NUMBER:

NAME OF YOUR SCHOOL:

SIGNATURE:

DATE:

Thank you! We appreciate your time in submitting your feedback!