

**Faith Christian Academy**  
**2017-2018**  
**Specific Educational Learning Form**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Has student received counseling for emotional issues within the past three years?     Yes  No

*If yes, please explain and have the therapist/counselor provide FCA with a letter describing the nature of the difficulty and a current assessment of the student's ability to deal with the rigors and structure of middle/ high school life at Faith Christian Academy.*

---

---

---

---

Has student required **any** modification to instruction, special learning assistance or tutoring within the past three years?  Yes  No

*If yes, please explain:* \_\_\_\_\_

---

---

---

Has a professional evaluation ever been recommended for any learning, attention, or emotional issues?

Yes  No

Has student ever been evaluated by a professional for any learning, attention, or emotional issues?

Yes  No

*If yes, please explain and have the professional who performed the evaluation provide FCA with a letter describing the nature of the difficulty and a current assessment.*

---

---

---

**We understand that any false or unreported information is grounds for immediate dismissal from FCA.**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date