

# What Is Known

(Insert Student Name)

(Insert Current Date)

Instructions: Delete this shaded statement once you are finished.

These are examples because the possibilities are endless. Write from personal experience in the areas where your student needs help.

You can have several versions of this document and not just to use for a school district meeting. You could use one for appointments with medical professionals and another one you could hand to first responders.

## What Is Known:

- (Insert Students First Name) has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD)
- (Insert Students First Name) has been diagnosed with an Autism Spectrum Disorder (Autism)
- (Insert Students First Name) has been diagnosed with Oppositional Defiant Disorder
- (Insert Students First Name) has been diagnosed with a Not Otherwise Specified (NOS) Mood Disorder.
- (Insert Students First Name) has been diagnosed with an Unspecified Anxiety Disorder.
- (Insert Students First Name) is having difficulty with Reading Comprehension and we believe we need to look at whether he/she has dyslexia as a contributing factor.
- (Insert Students First Name) is having difficulty with Math Concepts.
- (Insert Students First Name) is having a difficult time some areas of Executive Functioning. Particularly in organization, focusing and sustaining attention, managing emotions, being able to recall information, etc.

- (Insert Students First Name) has difficulty with Handwriting and impacts his/her in all academic areas. It is the speed in which he/she writes and the legibility.
- (Insert Students First Name) has difficulty with his/her Processing Speed. He/she is unable to work quickly and efficiently.
- (Insert Students First Name) has difficulty with Working Memory, in his/her ability to store and manipulate information, impacting not only his/her educational performance but his/her social performance as well.
- (Insert Students First Name) has a definite Fine Motor Coordination deficit severely impacting his/her handwriting skills. He/she lacks the automaticity of handwriting.
- We believe (Insert Student First Name) is struggling in school as we are spending more than an hour working on homework each night. (Insert Student First Name) struggles in (writing, reading comprehension, math).
- (Insert Students First Name) has been diagnosed with Sensory Processing Disorder (SPD). It is a neurophysiological response and creates a flight or fight response to experiences in the world. (Insert Students First Name) has, and does, experience "Sensory Overload". It is when an individual's nervous system has experienced such heightened input they cannot process at all. They cannot ask for help.
- (Insert Students First Name) has a possible Sensory Processing Disorder (SPD). This is a complex neurological disorder effecting (Insert Students First Name) learning, social participation, self-regulation and thus affecting his/her self-confidence and self-esteem. It is a neurophysiological response and creates a flight or fight response to experiences in the world, creating more difficulty with self-regulation.
- (Insert Students First Name) has been diagnosed with a Sleep Disorder impacting their ability to get the amount of sleep they need to maintain focus.
- (Insert Students First Name) was adopted at birth and had Drug & Alcohol Exposure, impacting many areas of development.

- (Insert Students First Name) has a very limited understanding of social cues and a limited insight into the consequences of his/her behaviors. He/she is in need of adult supervision to help prevent and avoid serious problems and risks of very serious harm.
- (Insert Students First Name) has extensive food and environmental allergies. He/she has had anaphylaxis reactions to peanuts, perfumes, spider bites and bee stings.
- (Insert Students First Name) has deficits in Social skills and in reacting appropriately to peers and adults.
- (Insert Students First Name) has enormous difficulty with rigidity. He/she is not flexible. He/she has so many deficits, resulting in anxiety, that (Insert Students First Name) has extreme issues with moving on and letting go of an issue. He/she is getting "stuck". His/her rigidity is the largest contributor to his/her behavioral problems.
- (Insert Students First Name) clearly tries to hide his/her anxiety (nervousness, fearfulness, worrying, withdrawal, difficulty concentrating, etc).
- (Insert Students First Name) does not want to be viewed as "dumb" or "stupid" and contributes to his/her level of anxiety.
- (Insert Students First Name) teacher has suggested the possibility of retaining him/her in the current grade.
- (Insert Students First Name) has difficulty dealing with mistakes and challenges. He/she shuts down emotionally and stops engaging and participating when he/she makes a mistake or if the task appears to become too difficult for him/her.