

SCHOOL INFORMATION RELEASE FORM

TO: _____ (school teacher or other appropriate personnel)

FROM: Manny Felix, Ph.D., Director, Motor Development Program

DATE: _____

RE: Request for School Information on _____
(participant)

Attached you will find a **Confidential School Information Form** as it pertains to the individual identified above who is seeking enrollment (or is currently enrolled) in the Motor Development Program (MDP). The MDP, conducted weekly on the University of Wisconsin-La Crosse campus throughout the year, provides individualized motor skill, physical fitness, and aquatic activity training to individuals with disabilities. The requested information will assist program staff to develop an appropriate physical activity program. Please take a moment of your time to complete all the information requested on the form.

We have permission below from the parent/guardian to obtain the requested information from you. Your prompt response and cooperation is greatly appreciated. Should you have any questions concerning this program, please do not hesitate to contact me. Thank you in advance for your assistance in this very important matter.

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL SCHOOL INFORMATION

Participant Name _____ Date of Birth _____

I grant permission for the release of school information concerning my child/dependent to the Motor Development Program at the University of Wisconsin–La Crosse. This request is an: ____ initial request / ____ information update.

____ Please include information from the individual’s physical education teacher and a copy of their individualized education program (IEP).

Signature of Parent/Guardian

Date

School Personnel/Teacher: Please complete the Confidential School Information Form (next page) and send to the address below.

**UW-L SPECIAL POPULATIONS PROGRAMS
MOTOR DEVELOPMENT PROGRAM**

CONFIDENTIAL SCHOOL INFORMATION FORM

Student Name _____ Date of Birth _____

Instructor Name _____ School Phone _____

School _____ Address _____

City _____ State _____ Zip _____

Enrolled in special program/class: Yes ___ No ___ Type of program/class _____

of years in present school _____ # of years in present class _____

Does the student participate in a physical education program at school? Yes ___ No ___ If yes, how many hours/week? _____

Physical Education teacher _____ Comments about performance in physical education activities: _____

Has the student had any motor assessment done? Yes ___ No ___ If yes, identify tests used _____

Briefly describe student's relationship and interaction with peers:

Does the student need a one-to-one situation in order to function at an acceptable level? Yes ___ No ___ Please explain.

Is the student toilet trained? Yes ___ No ___ Toilet Procedures:

Is the student (check all that apply): overly affectionate ___ introverted ___ extroverted ___ hyperactive ___
lethargic ___ extremely shy ___ emotionally unpredictable ___ verbally aggressive ___ physically aggressive ___

Comments on student's personality:

Is this student on a formal or informal behavior modification program? Please explain.

Activities the student excels in:

Activities the student enjoys the most (individual and/or group):

Motor development or perceptual activities you would suggest that the student improve:

Additional comments (use backside if necessary):