

Documented Professionally Diagnosed Disability Worksheet

**THIS DOCUMENT IS CONFIDENTIAL.
IT IS FOR USE BY SCHOOL STAFF ON A NEED TO KNOW BASIS ONLY
AND CANNOT BE KEPT IN A STUDENT'S CUMULATIVE FILE**

School Name: _____

Student Name: _____

Grade: _____ **(Class of** _____ **)**

Date Worksheet Completed: _____

Title and Source of Supporting Documentation:

Date of Supporting Documentation (IEP, 504, assessment report, psycho-educational report, etc.):

Copy of Supporting Documentation Provided to School: **Yes (Attached)** **No**

Documented Professionally Diagnosed Disability (DPDD):

Identify the specific DPDD stated on documentation provided by parent:

Areas of Strength (stated in documentation):

Areas of Need (stated in documentation):

Additional noteworthy observations in documentation:



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| Recommendations Made in Supporting Documentation | Support Team Education Plan (STEP) Considerations for Minor Adjustments |
|---|--|
| | |

Parent acknowledgment of receipt of a copy of this Worksheet:

Signature

Date

