

ADHD Learning Lab (2019-2020)

Student Name: _____ Student Grade ('19-'20) _____

Learning Lab is 2x a week on Mondays and Wednesdays.

Preference of time? (8-9) AM: 1st choice 2nd choice not an option
(4-5) PM: 1st choice 2nd choice not an option

Approximately at what age was your child when he/she was diagnosed with ADHD? _____

Parent Name (s): _____

Address: _____

Phone: _____ Email (s) _____

Parent Name (s): _____

Address: _____

Phone: _____ Email (s) _____

I (we) agree to the following:

1. Agree to transport your child and commit to attending learning lab weekly on assigned times
2. Agree to complete evaluation forms
3. Give release of information for learning lab staff to talk with your child's teachers concerning school assignments and progress
4. Give release of information for learning lab coordinator to check your child's grades and missing assignments.
5. Reinforce Learning Lab expectations with your child at home

If applicable, I give learning lab staff permission to have knowledge of my child's IEP accommodations, 504 plan, or personal learning plan for the purpose of encouraging my child to use his/her accommodations. Yes ____ No ____

Signature: _____ Date: _____

****YOU WILL RECEIVE A CONFIRMATION LETTER IN AUGUST REGARDING YOUR STUDENT'S TIME SLOT!****

Please return to:

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Excelsior, MN 55331

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