



## Serving Children with Unique Abilities!

Dr. Belinda McNeal Walker M.S., Ed.D

[belindamcnealwalk@att.net](mailto:belindamcnealwalk@att.net) (772)240-4178

### Student Profile Card

#### Student Information

Student Name		DOB	
Sex: Male    Female	Address		
Student ID#	Lunch #	Grade	
Current School		Current Teacher	

#### Program Information

Has your child been participating in an exceptional education program(s)?	<b>£Yes</b> _____ <b>£No</b> _____
Example: Gifted, Development Delayed, Speech or Visually Impaired, Specific Learning Disability, etc.	
Has your child participated in the Section 504 Accommodation Plan?	<b>£Yes</b> _____ <b>£No</b> _____

#### Emergency Information

<b>Parent 1 Name</b>		Relation
Address		
Home Phone	Cell	Work
Email		
<b>Parent 2 Name</b>		Relation
Address		
Home Phone	Cell	Work
Email		

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_