

NW REGIONAL EDUCATION SERVICE DISTRICT  
NW OUTDOOR SCIENCE SCHOOL  
5825 NE RAY CIRCLE, HILLSBORO, OR 97124  
Phone: (503) 614-1402 Fax: (503) 614-3182

OFFICE USE ONLY	
CAMP	_____
WEEK	_____

**SOCIAL/EMOTIONAL or LEARNING NEEDS:** Having as much information about your students ahead of their week with us is extremely important in our effort to provide a safe, supportive, and accessible learning experience. Any student that may require accommodations due to social emotional or learning need (whether on an IEP or not) should be placed on this form. Please complete this form and return it to the Outdoor School office **as soon as possible** to allow for planning time. **If you need additional forms, please make copies.**

Teacher's name \_\_\_\_\_ School \_\_\_\_\_  
School Phone # \_\_\_\_\_ Teacher E-Mail: \_\_\_\_\_

<p><b>Student's Name</b> _____</p> <p>Is student on a 504 Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> Is student on a Safety Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please attach)</p> <p>Is student on an IEP: Yes <input type="checkbox"/> No <input type="checkbox"/> Which Category: _____</p> <p>English Language Learner: Yes <input type="checkbox"/> No <input type="checkbox"/> Home Language: _____</p> <p>Proficiency Level (if known): _____</p> <p>Attending with an Aide? Yes <input type="checkbox"/> No <input type="checkbox"/> Is Aide 1:1? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Student Need: _____</p> <p>_____</p> <p>_____</p> <p>Special Education teacher or other individual who may have additional information: Name: _____ Email: _____ Phone: _____</p>
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<p><b>Student's Name</b> _____</p> <p>Is student on a 504 Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> Is student on a Safety Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please attach)</p> <p>Is student on an IEP: Yes <input type="checkbox"/> No <input type="checkbox"/> Which Category: _____</p> <p>English Language Learner: Yes <input type="checkbox"/> No <input type="checkbox"/> Home Language: _____</p> <p>Proficiency Level (if known): _____</p> <p>Attending with an Aide? Yes <input type="checkbox"/> No <input type="checkbox"/> Is Aide 1:1? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Student Need: _____</p> <p>_____</p> <p>_____</p> <p>Special Education teacher or other individual who may have additional information: Name: _____ Email: _____ Phone: _____</p>
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