

ADHD Learning Lab Registration (2021-2022)

Student Name: _____ Student Grade ('21-'22) _____

I would like to sign my child up for: (check one)

_____ Monday and Wednesday Mornings (8-9am)

_____ Tuesday and Thursday Afternoons (4-5pm)

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

Parent Contacts:

1. Name: _____

Email : _____

2. Name: _____

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. Give release of information for learning lab staff to talk with your child's teachers concerning school assignments and progress
3. Give release of information for learning lab coordinator to check your child's grades and missing assignments.
4. 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: _____

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****YOU WILL RECEIVE A CONFIRMATION WITH ADDITIONAL INFORMATION****

Registration is on a first come, first serve basis

Please return to:

Mary Callahan

ADHD Learning Lab Coordinator

Minnetonka Middle School West

6421 Hazeltine Blvd Excelsior, MN 55331

Fax: 952-401-5350 Phone: 952-401-5300

mary.callahan@minnetonkaschools.org