



V: 501-324-9506

VP: 501-

admissions@asdleopards.org

2400 W Markham St.

Little Rock, AR. 72205

<https://asd.ade.arkansas.gov/>

## STUDENT RECORDS REQUEST for ASD

Dear Records Office,

This student is applying for admissions to Arkansas School for the Deaf (ASD):

**Student name:** \_\_\_\_\_

To complete the application, ASD is asking for copies of the following:

- **Audiogram/Audiological Exam summary**
- **Behavior/Discipline/Incident Reports** (*within the past 3 years*)
- **Current Individualized Education Program (IEP) or 504 Plan**
- **Educational Assessments** (*State Standardized Tests, other assessments*)
- **Final Official Transcript/Report Cards/Progress Reports** (*with course descriptions for high school students*)
- **Multi-disciplinary/Psychoeducational Evaluations** (*preferably done within the past 3 years, also including any behavioral, development, and occupational/physical therapy related assessments, reports, and treatment plans*)
- **Triennial Report/Reevaluation** (*latest triennial review; if not completed, state the next scheduled review date: \_\_\_\_\_*)
- **Physical/medical examinations, immunizations, sports physical results and/or clearances for participation in sports**

Records can be submitted to ASD in several acceptable ways:

- **EMAIL:** admissions@asdleopards.org
- **MAIL:** Arkansas School for the Deaf- Admissions Office  
2400 W Markham St.  
Little Rock, AR. 72205

Applications to ASD are not considered until all documents are received. Your cooperation and prompt attention to this request is appreciated. Thank you for your assistance.

**Parent/Guardian name:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_