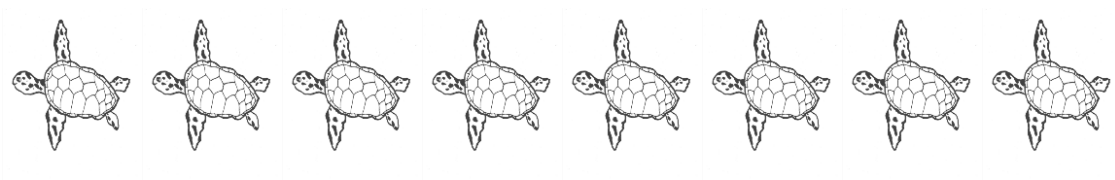


1ST -5TH PROFILE CARD



Student's Name: _____ Grade _____

Birth Date: _____ Gender: M ___ F ___ Age: _____

Health Concerns/Conditions/Illnesses? _____

If twins/multiples we prefer separate classes ___Yes ___NO

Our Child has an (a): ___IEP ___EP ___504

Our Child has been retained ___ If yes, what grade _____

Previous School: _____ City _____ State _____

1. Child's Social and Emotional Traits:

Extra Guidance Needed*

Independent **

1 2 3 4 5 (Please Circle)

Describe:

2. Child's Instructional Style:

Teacher Directed*

Student Directed**

1 2 3 4 5 (Please Circle)

Describe:

3. Our child excels in: _____ Reading ___Math Other _____

4. Our child need's development in: ___Reading ___Math other: _____

5. Our child's interests are: _____

6. Our Child is motivated by: _____

1ST -5TH PROFILE CARD

