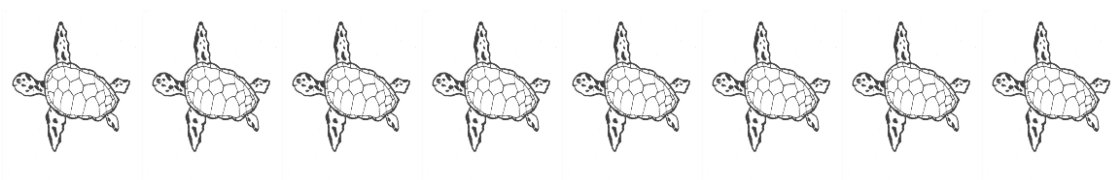


1ST -5TH PROFILE CARD



Student's Name: _____ Grade Entering _____

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

Previous School: _____

City: _____, State: _____

Our Child has been retained ___Yes ___No If yes, what grade _____

Health Concerns/Conditions/Illnesses?

If twins/multiples we prefer separate classes ___Yes ___NO

SPECIAL PROGRAMS

Does your child have an IEP (receiving special education services)?

Please check all that may apply:

___ESE ___Speech ___Language ___OT ___PT ___504 ___ESOL/ELL ___RTI
___Gifted

1. Child's Social and Emotional Traits:

Extra Guidance Needed* 1 2 3 4 5 Independent ** (Please Circle)

Describe:



1ST -5TH PROFILE CARD

2. Child's Instructional Style:

Teacher Directed* 1 2 3 4 5 Student Directed** (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: