

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\_\_\_\_\_\_\_\_\_

Siblings/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If twins/multiples we prefer separate classes \_\_\_\_Yes \_\_\_\_No

1. Does your child receive any of the following services? Paperwork should be provided by the previous school or the parent.

\_\_ IEP

\_\_504

\_\_ESOL/ELL

\_\_\_RTI

\_\_\_ EP/Gifted

1. Do you have concerns we should know about?

 Health concerns/dietary needs/allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emotional concerns such as fears/anxieties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Our child’s interests are:
2. Our child is motivated by: