



Student Information and Class Placement

Background

Child's Name _____ Incoming Grade _____

Birthdate: ____/____/____ Left handed ___ Right handed _____

Child is living with: Mother and Father ___ Mother ___ Father ___ Other _____

Siblings and ages: _____

Occupation of parents/guardians: Mother _____ Father _____

Other _____

Did your child attend a previous school, preschool/Head Start? If so, where and for how many years?

Whole Child

What are your child's academic strengths? _____

How would you describe your child's personality? _____

Our child really enjoys... _____

Our child needs to improve... _____

Suggestions we have about working with our child are... _____

What do you feel are the social and emotional needs of your child at home or school? _____

How does your child interact with other children?

How does your child solve a problem with peers and/or siblings?

Has your child ever been retained? No _____ Yes _____ When? _____

Special Needs

Have there been any changes at home that you would share with us to help us better work with your child (for example, death, desertion, divorce, illness, handicapped family member)?

Are there any circumstances in your child's history that the teacher should know about such as allergies, unusual habits, serious medical problems, traumatic experiences? _____

Will he/she need to take medication at school? _____

Religious belief or practices of which you want to notify us of _____

How will your child be transported to and from school? Please list if they will be PSD bus, daycare van, car pool, walking, or personal transport.

Describe any special needs your child might have _____

Custody issues or court orders (we need a copy for our files)...

Other Information

Is there any other information you would like us to know? _____

Parent Signature _____ Date _____