



STUDENT INFORMATION



CHILD'S FULL NAME: _____

OPTIONAL PREFERRED NAME (I.E. KATHERINE --> KATE): _____

CHILD'S ADDRESS: _____

BIRTHDAY: _____

LANGUAGE(S) SPOKEN AT HOME: _____

HAND USED TO WRITE AND CUT: RIGHT LEFT

PRESCHOOL: YES NO IF YES, WHERE? _____

HOW MANY DAYS PER WEEK? _____

NUMBER OF YEARS _____

PARENT/GUARDIAN #1: _____

(RELATIONSHIP AND LAST NAME, IF DIFFERENT FROM THE CHILD)

HOME PHONE: _____ WORK PHONE: _____

IS IT OKAY TO RECEIVE CALLS AT WORK? YES NO

EMAIL ADDRESS: _____

LIVES AT HOME WITH THE STUDENT: YES NO

PARENT/GUARDIAN #2: _____

(RELATIONSHIP AND LAST NAME, IF DIFFERENT FROM THE CHILD)

HOME PHONE: _____ WORK PHONE: _____

IS IT OKAY TO RECEIVE CALLS AT WORK? YES NO

EMAIL ADDRESS: _____

LIVES AT HOME WITH THE STUDENT: YES NO

FLIP OVER

CHILD'S SIBLINGS AND AGE/GRADE LEVELS:

NAME:

AGE:

GRADE/SCHOOL:

IMPORTANT MEDICAL INFORMATION/ALLERGIES:

IS YOUR CHILD ABLE TO PARTICIPATE IN HOLIDAY PARTIES? (HALLOWEEN, WINTER, VALENTINES DAY)?

YES ____ NO ____

IF NO, WHICH HOLIDAY(S)/PARTY(IES): _____

1. IS THERE ANYTHING ABOUT YOUR CHILD THAT WOULD BE IMPORTANT FOR US TO KNOW?

2. WHAT ARE YOUR CHILD'S INTERESTS?

3. HOW DO YOU SEE YOUR CHILD AS A LEARNER?

4. WHAT DO YOU FEEL ARE YOUR CHILD'S STRENGTHS?

5. WHAT AREAS WOULD YOU LIKE TO SEE YOUR CHILD GROW?