



Student Information

Name _____

To better serve the needs of your child please be candid when answering the following questions:

What are the student's academic strengths? _____ Weakness? _____

Has the student ever received any special honors or awards? _____

Has the student ever received special academic help, such as tutoring or modifications? ___yes or ___no
If yes, why? _____

Has the student been suspended, expelled, or asked to withdraw? ___yes or ___no
If yes, why? _____

Has the student ever repeated a grade? ___yes or ___no
If yes, which grade and why? _____

Has the student been recommended for testing or diagnosed with any learning difficulties? ___yes or ___no
If yes, please explain. _____

Has the student been tested for any of the following (please check)
___ Speech/Language ___ Attention Deficit Disorder ___ Emotional Issues
___ Learning Disorder ___ Attention Deficit Hyperactivity Disorder
Please provide the school with a copy of scores and recommendations from the evaluator(s).

Has the student ever been seen for any type of social or behavioral problem? ___yes or ___no
If yes, please explain. _____

Has the student ever been involved in legal problems or been arrested? ___yes or ___no
If yes, please explain. _____

Has the student ever been involved with drugs, alcohol, or tobacco use? ___yes or ___no
If yes, please explain. _____

Previous schools attended	Date (from – to)	Grade	City
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____