



STUDENT INFORMATION

Child's Name _____ Grade _____

Has your child ever been referred for or is he/she receiving any of the following?

Learning Disabilities	_____
Speech/Language Therapy	_____
Chapter 1 Reading/Math	_____
Physical Occupational Therapy	_____
Counseling	_____

Special concerns we have about our child or our child has about school?

Further explanation of health problems _____

Will he/she need to take medication at school? _____ Please ask us for a form.
Have there been any changes at home that you would share with us to help us
Better work with your child? _____

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

What are your child's academic strengths? _____

What are your child's greatest academic challenges? _____



How would you describe your child's personality? _____

Has your child ever been retained? _____ When? _____

Our child really enjoys _____

Our child's weaknesses are _____

Questions we have about our child's education include _____

Suggestions we have about working with our child are _____

Our child's responsibilities include _____

Consequences my child receives when he/she breaks a rule at home include _____

We help our child realize school is important by _____

My child's performance last year differed from my expectations in the following ways
