

Child's Name: _____ Child's Birthdate: _____

Child's Grade: _____ Child's Place of Birth: _____

Is English the primary language spoken in your home? Yes No

Does anyone in your home speak a language other than English? Yes No

If yes, what is the other language? _____

Does your child understand and speak this language? Yes No

What language did your child learn when first beginning to talk? _____

What language is most often spoken by the adults in the home? _____

Please indicate if you suspect or are aware of any of the following:

Conditions	Yes	No
Orthopedically Impaired		
Intellectual Disability		
Hearing Impairment (uncorrected)		
Visual Impairment (uncorrected)		
Speech or Language Impairment		
Emotional Behavioral Disability		
Specific Learning Disabilities		
Other Health Impaired		
Traumatic Brain Injury		
Autism		
Significant Developmental Delay		

Does your child have an IEP from your previous school district? Yes No

Does your child have a 504 plan from your previous school district? Yes No

Have there been any recent events that might affect your child emotionally and thus affect school performance, such as a birth, death, remarriage, etc? Yes No

If yes, please explain: _____

Are there any other points that you would like the school to take into consideration in working with your child? Yes No

If yes, please explain: _____

Has your child been retained for a grade? If yes, what grade? _____ Yes No

Has your child ever been expelled from school? Yes No

Parent Signature _____

Date _____

We ask that this form be returned even though conditions listed may not exist. Any information will be treated confidentially.