

Student Information Form



Student's Name: _____ Birth Date: _____ Gender: _____

Parent(s)/Guardian(s): _____ Lives with Child? Y / N
_____ Lives with Child? Y / N

Best Phone: _____

Siblings at home: Name _____ Birth Date _____
Name _____ Birth Date _____
Name _____ Birth Date _____
Name _____ Birth Date _____

(K only) Name of Preschool(s): _____

Reason for changes in Preschool (if any): _____

Years of Preschool experience: _____

Has your child had any attendance issues? Yes / No

Will either parent be able to volunteer in the classroom? Yes / No / Unsure

Does your child have any medical issues we should be aware of? _____

Has your child ever been tested by a Psychologist or Specialist? _____

Has your child ever received Special Education Services or an IEP? _____

Has your child ever received private services (i.e. speech therapy)? _____

Does your child have any sensory sensitivities or needs (i.e. noise, texture)? _____

Does your child have any behavior issues that would impact their school day? _____

Do you have any academic, language, motor, social, behavioral, or self-help concerns for your child?

What would you describe as your child's strengths? _____

What are some of your child's interests? _____

What would you describe as your child's challenges? _____

What are some of your child's dislikes? _____

Is there any additional information you'd like to share? _____
