

## Student Information Form

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Lives with Child?  
\_\_\_\_\_ Lives with Child?

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?

Will either parent be able to volunteer in the classroom?

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)?

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

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

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What would you describe as your child's strengths?

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What are some of your child's interests?

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What would you describe as your child's challenges?

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What are some of your child's dislikes?

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

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