

PRIMARY SCHOOL
NEW STUDENT INFORMATION

Child's Name _____ Grade _____

Please rate your child's achievement in the following areas:

Reading: High Average Low

Math: High Average Low

Writing: High Average Low

Has your child been receiving special services for:

Academics (please specify) _____

Speech Yes No

Behavior (please specify) _____

Does your child have an Individualized Education Plan (IEP)? Yes No

Has your child ever been retained? Yes No

If yes, what grade? _____

Has your child ever been referred for retention? Yes No

If yes, what grade? _____

Has your child been seeing a counselor? Yes No

If yes, would you like our counselor to contact you? Yes No

How does your child get along with others?

Well Fairly Well Poorly

How would you describe your child's personality?

Shy Outgoing Confident Talkative

Impulsive Aggressive Stubborn Flexible

Are there special concerns you would like to share?

Parent/Guardian Signature