

NEW STUDENT QUESTIONNAIRE

NAME _____

DATE OF BIRTH _____

GRADE ENTERING IN FALL _____

Children are often involved in grade level support programs at school to meet educational needs. To help us provide a supportive transition for your child, the following information will be helpful as we plan an educational program for your child. If you would rather speak to a guidance counselor directly, please indicate _____.

<p>1. Has your child received any special services in their previous school district?</p>	<p>2. Has your child been evaluated for exceptional education needs or special education?</p> <p style="margin-left: 20px;">_____ Yes</p> <p style="margin-left: 20px;">_____ No</p>
<p>3. If you answered yes to question #2, what was the outcome?</p>	<p>4. What were the services that were recommended?</p> <p style="margin-left: 20px;">_____ Speech/Language therapy</p> <p style="margin-left: 20px;">_____ Learning disabilities</p> <p style="margin-left: 20px;">_____ Emotional disturbance resource</p> <p style="margin-left: 20px;">_____ Other</p>
<p>5. Does your child have a current Individual Education Plan (I.E.P.) for special education programming?</p> <p style="margin-left: 20px;">Yes _____</p> <p style="margin-left: 20px;">No _____</p>	<p>6. Did your child receive any related services at their previous school?</p> <p>Such as: _____ occupational therapy</p> <p style="margin-left: 20px;">_____ physical therapy</p> <p style="margin-left: 20px;">_____ reading support</p> <p style="margin-left: 20px;">_____ chapter I, math support</p> <p style="margin-left: 20px;">_____ academic support</p> <p style="margin-left: 20px;">_____ other</p>
<p>7. Does your child have a medical diagnosis that would affect his educational programming?</p> <p style="margin-left: 20px;">_____ Yes</p> <p style="margin-left: 20px;">_____ No</p>	<p>8. Are there any outside agencies that could provide information that would be helpful in planning for your child?</p> <p style="margin-left: 20px;">_____ Yes</p> <p style="margin-left: 20px;">_____ No</p>
<p>9. Is your child involved in an accelerated curriculum?</p> <p style="margin-left: 20px;">_____ Yes</p> <p style="margin-left: 20px;">_____ No</p> <p>If Yes, please indicate area: _____ Reading</p> <p style="margin-left: 20px;">_____ Math</p> <p style="margin-left: 20px;">_____ Other</p> <p>Please specify:</p>	<p>10. Did your child receive school counseling?</p> <p style="margin-left: 20px;">_____ Yes</p> <p style="margin-left: 20px;">_____ No</p> <p style="margin-left: 20px;">_____ Individual session</p> <p style="margin-left: 20px;">_____ Group Counseling</p>
<p>11. Would you like your child to speak to one of the counselors when they begin school to check on their adjustment?</p> <p style="margin-left: 20px;">_____ Yes</p> <p style="margin-left: 20px;">_____ No</p> <p style="margin-left: 20px;">_____ If necessary</p>	<p>12. Other pertinent information:</p>

Parent Signature _____ Date _____

Please use other side for additional comments or observations.