

1. For elementary students: Does your child listen to and carry out directions? Yes No

Comments _____

2. For elementary students: Has your child had any nursery school experience? (When, Where?) _____

3. Other schools attended? _____

4. Family stress situation: (death, marital problems, financial, moving, accidents)

Comments _____

5. Any other problems or special considerations _____

FAMILY HEALTH HISTORY:

Please list any family health problems/concerns that may affect the child's education.

Example: serious/life threatening illnesses, substance abuse, homelessness, recent deaths in the family, etc.

Parent/Guardian Signature

Today's Date