



New Student Information Sheet

Full Name of Student: _____

Nickname: _____ D.O.B. _____ Age: _____ Gender: M F

Current School Attending: _____

Primary Doctor's Name: _____

Chronic Medical Issues: _____

Other Doctors Names: _____

Parents Names: _____

Mother (first and last)

Father (first and last)

Street Address: _____ City: _____

State: _____ Zip Code: _____ E-mail: _____

Phone: Home: _____ Mother: (w) _____

© _____

Father: (w) _____

© _____

1) How would you describe your child's:

reading skills: _____

spelling skills: _____

handwriting skills: _____

math skills: _____



speech and language: _____

(please indicate if they are currently getting services or have had services)

attention span: _____

do you have concerns: Y or N Why? _____

study habits (3rd grade and up): _____

attitude towards school: _____

peer relationships: _____

athletic abilities: _____

artistic abilities: _____

artistic abilities: _____

2) Is your child currently taking any medications?: Y or N

If yes, What is the medication and the dosage ? _____

When did your child start taking medication? _____

Who is the Physician that is helping monitor the medication? _____

3) Is your child allergic to any foods or medications? _____

4) Has your child had any allergies? _____

5) Has your child been academically or psychologically tested? Y or N

If yes, please indicate testing dates and who the testing was administered by:



6) If your child has an Individual Education Plan (IEP), What areas are being addressed?

7) What are your short-term academic goals for your child?:

- _____
- _____
- _____

8) What are your long-term academic goals for your child?:

- _____
- _____
- _____

Optional: This information will only be used in assisting you to find community resources.

Annual Gross Income: _____

Annual Net Income: _____

Current assistance (Medicaid, SNAP, SSI, etc.):

Insurance Carrier: _____

Please attach copies of all previous testing results by any psychologist/educational specialist, speech/language clinicians, occupational therapists, neurologists, psychiatrists, and/or other involved professionals.

