

## Bamford Elementary School Student Information

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Left handed \_\_\_\_\_ or Right handed \_\_\_\_\_

Child is living with: Mother & Father \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Occupation of parents/guardian(s): \_\_\_\_\_

Has your child ever been referred for or is he/she receiving any of the following?

Learning Disabilities	_____
Speech/Language Therapy	_____
Chapter 1 Reading/Math	_____
Physical Occupational Therapy	_____
Counseling	_____

Special concerns we have about our child or our child has about school:

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Will he/she need to take medication at school? \_\_\_\_\_ If yes, please ask us for a form.

Are there any circumstances in your child's history that the teacher should know about such as allergies, unusual habits, serious medical problems, traumatic experiences?

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Further explanation of health problems:

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Have there been any changes at home that you would share with us to help us better work with your child?

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Custody issues or court orders (we need a copy for our file):

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What are your child's academic strengths?

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What are your child's greatest academic challenges?

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How would you describe your child's personality?

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Has your child ever been retained? \_\_\_\_\_ When? \_\_\_\_\_

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Our child really enjoys:

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Our child's weaknesses are:

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Questions we have about our child's education include:

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Suggestions we have about working with our child are:

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Our child's responsibilities include:

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Consequences my child receives when he/she breaks a rule at home include:

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We help our child realize school is important by:

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My child's performance last year differed from my expectations in the following ways:

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