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SCHOOL INFORMATION FORM

CHILD'S NAME: _____ **SCHOOL:** _____

SCHOOL ADDRESS: _____

PLEASE RETURN TO: BRENDA LEE ROBERTS at the address listed above. Please be sure to attach current and prior school year's grades

Enrollment date at this school: _____

Attendance: Total school days to date ____ Days present ____ Days absent ____ Days Tardy ____

If this student has ever been referred for diagnostic testing, please note reason for referral, date of testing and attaché brief summary of assessment. _____

Following is a number system from 1-5 for your consideration in assessing the listed areas. One (1) should be considered below average, three (3) average and five (5) above average. Please check the appropriate rating and make comments if indicated.

	1	2	3	4	5	COMMENTS
Attendance						
Grades						
Intelligence						
Academic Achievement						
Relationship with Peers						
Relationship with Teachers						
Relationship with Authority						
Attitude towards school						
Cleanliness and Grooming						

Please notice the next two categories require observations focused on both classroom behavior and general social behavior. Check appropriate behaviors.

Classroom Behavior:

___ Disruptive ___ Overactive ___ Appropriate ___ Minimal Involvement ___ Withdrawn

Comments: _____

Social Behavior:

___ Aggressive ___ Dominating ___ Appropriate ___ Minimal Involvement ___ Loner

Comments: _____

What is this student's current consistency or fluctuations in their school performance and behavior?

What is this student's academic performance compared to ability (as indicated by test scores)?

Please describe the nature of the teacher/parent contact with the following:

Natural mother:

Natural father:

Other:

Other:

Please discuss other factors which you feel might be important in addition to your overall impressions of this student.

Completed by _____

Date _____