



Academic Information Form

Child's Name: _____ Date: _____

Previous School: _____ Phone: _____

City: _____ State: _____ Fax: _____

In order to assist the school in determining special needs that your child may have, please mark the following areas which apply to your child. Mark only those services provided for your child in their previous school.

- | | | |
|-----------------------------|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | English as a Second Language/English as a New Language Services (ESL/ENL) |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | High Ability (Gifted/Talented Services) |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Title 1 Tutoring Services |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Special Education Services (including Speech) |
| | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Was your child given additional support outside of their regular classroom? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Does your student have an individualized education plan (IEP) or 504 plan? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did your child work with the speech therapist? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did your child take ISTEP with his/her classroom or in a small group setting? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did you ever meet with the principal or administrator to develop a plan to help your child be successful in school? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Does your child have any academic challenges we should be aware of? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Does your child have any behavior problems we should be aware of? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Has your child ever been suspended or expelled from school? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Is there anything we should know about your child's learning style? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Has your child ever been tested or evaluated by the school psychologist? |

Date

Parent Signature

Once completed, the registration staff for FTCSC will return this to Debbie Sandberg for processing.