Student Information Sheet

Personal Information

Please fill out the following questions with your student (if possible).

My Full Name: _____

Nickname(s): _____ Age: _____ Birthday: _____

What makes me happy: _____

_____

What makes me sad/mad: _____

_____

What scares me: _____

_____

What calms me down: _____

_____

My favorite things to do: _____

_____

My favorite toys or game: _____

_____

My favorite songs/music: _____

_____

What do you want to be when you grow up? _____

_____

My favorite food/snacks: _____

_____

Student Information Sheet

My favorite books: _____

_____

Foods I dislike: _____

_____

Forms of communication I use (ex. talking, sign-language, pointing, grunting, etc.):

_____

_____

I get around school, my home, or the community by: (walking, crawling, wheelchair, with assistance, etc.) _____

_____

Things I want my teacher to know about me: (seizures, tube-fed, nurse care, etc.)

_____

_____

_____

_____

Things I know/can do most of the time but still need help with on occasion (birthday, first name, last name, parents' names, copying, writing independently, etc.) _____

_____

_____

_____

_____

Student Information Sheet

Household Information

Please fill out the following questions with your student (if possible).

My parents are: (circle all that apply)

never married currently married divorced/separated

living together living apart sharing custody

Mother's Name: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____Work Phone: _____

E-Mail: _____

The best way to contact my mother: (circle one)

home phone cell phone work phone email note home

Father's Name: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____Work Phone: _____

E-Mail: _____

The best way to contact my father: (circle one)

home phone cell phone work phone email note home

Student Information Sheet

My siblings who are attending school

Name: _____ Gr: _____ School/Teacher: _____

Name: _____ Gr: _____ School/Teacher: _____

Name: _____ Gr: _____ School/Teacher: _____

Name: _____ Gr: _____ School/Teacher: _____

Name: _____ Gr: _____ School/Teacher: _____

My siblings who are NOT attending school

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Comments concerning your child's home life: _____

_____

_____

_____

_____

_____

_____

_____

Student Information Sheet

Health Information

Please fill out the following questions about your student's health.

Is your child taking any medications (at home or school) at this time? Yes No

Medication: _____ At school: Y N

Medication: _____ At school: Y N

Medication: _____ At school: Y N

Medication: _____ At school: Y N

Please check any of the following problems your student has ever experienced. Indicate the age they were experienced.

Asthma		Heart Condition		Serious Accident	
Allergies		Kidney Disorder		Recent Fracture	
Blood Disorders		Orthopedic Problems		Neurological Disorder	
Convulsions		Poliomyelitis		Hearing Loss	
Diabetes		Rheumatic Fever		Vision Loss	
Surgery		TB Contact		Speech Disorder	
Epilepsy		Chickenpox		Cancer	

Other: _____

Please check any of the following signs and symptoms that you have recently observed.

Tire Easily		Frequent Colds		Nose Bleeds	
Underweight		Headaches		Fainting	
Overweight		Earaches		Menstrual Problems	
Sore throat		Stomachaches			

Other: _____

Student Information Sheet

Is your child potty trained at this time? Yes No

Do they wear: (circle one) diapers? pull ups? underwear?

Do they indicate if the need to use the restroom/need changing?
Yes No

If yes, how? _____

Comments concerning your child's health: _____

_____

_____

_____

Student Information Sheet

From the Parents

Please fill out the following questions with their future (long-term and short-term) in mind.

What are some things you would like to see from your student this school year?

Academic: _____

Social: _____

Life Skills: _____

Where do you see your student when they are finished with school (around ages 18-22)? (employment, living arrangements, income, responsibilities, etc.) _____

_____

_____

Where do you see your student when they are 40 years old? (employment, living arrangements, income, responsibilities, etc.)

_____

_____

Comments: _____

_____

_____

_____