

STUDENT INFORMATION SHEET

2017-2018

CHILD'S NAME _____ D.O.B. _____
NICKNAME _____ PHONE _____
ADDRESS _____

	<u>NAME</u>	<u>CELL NUMBER</u>	<u>WORK NUMBER</u>
FATHER	_____	_____	_____
MOTHER	_____	_____	_____
STEP-PARENT	_____	_____	_____
GUARDIAN	_____	_____	_____

IN CASE OF EMERGENCY, WHO SHOULD BE CONTACTED
(NAME AND NUMBER):

1. _____
2. _____
3. _____

	<u>NAME</u>	<u>AGE</u>	<u>GRADE</u>	<u>SCHOOL</u>
SIBLINGS	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

(if future STNS student please list birthday)

DEVELOPMENT

- Does your child have any allergies?

Explain _____

-Does your child have a history of asthma?

Explain _____

-Has your child been evaluated by a speech/language specialist?

Explain _____

-Has your child been evaluated by an educational or behavioral psychologist?
Developmental Pediatrician? The Intermediate Unit? If so, please explain and
would you be willing to share the written report with the teachers?

-Does your child have any fears(new places, new people, leaving parents,
darkness, sirens, thunderstorms, animals, etc)

Explain _____

SOCIAL INFORMATION

-What is your child's attitude toward bathrooming?

-Describe your child's sleeping habits. _____

-Describe your child's temperament. _____

-Has anything happened within your family structure during the last year which has had a positive or negative effect on your child? _____

Thank you for your time and cooperation in completing this form.

Date _____ Parent/Guardian Signature _____

NOTES:
