



## Pre-Admission Questionnaire

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Has your child ever been recommended for or received reading intervention, tutoring or academic assistance in or outside of school? \_\_\_\_\_ If yes, please describe below.

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Has your child ever been recommended or received speech or occupational therapy? \_\_\_\_\_ If yes, please describe below.

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Has your child had a full vision exam by an optometrist this year? \_\_\_\_\_

Has your child had a hearing evaluation by an audiologist this year? \_\_\_\_\_

Has your child ever been recommended for or received a developmental evaluation? \_\_\_\_\_ If yes, please describe below.

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Has your child ever been diagnosed with or evaluated for a learning disorder? \_\_\_\_\_ If yes, please describe below.

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Has your child ever been put on a behavioral plan? \_\_\_\_\_ If yes, please describe below.

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Please share your child's strengths and any other progress or concerns you may have about school.

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Please initial:

\_\_\_\_\_ I have disclosed accurate information regarding my child.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_