

**2017-2018
Religious School
Child Information Form**

Child's name (first, last) _____ Grade _____

Name of secular school where child attends: _____

Does your child have any allergies/learning disabilities/ emotional/
behavioral/physical challenges of which we should be aware?

Is your child on medication? _____ Yes _____ No

If yes, please list the medication and explain:

Does your child receive any special services (i.e. speech, OT), have an IEP or 504
plan at his/her school or need any program modification?

Please describe any family or extenuating circumstance that may affect your child's
attendance or behavior:

**Check any statements that apply to your child's work habits in the regular
classroom:**

- | | |
|---|--|
| <input type="checkbox"/> works independently | <input type="checkbox"/> distracted by sounds, talking, etc... |
| <input type="checkbox"/> is motivated to work | <input type="checkbox"/> initiates tasks or begins directions easily |
| <input type="checkbox"/> does homework | <input type="checkbox"/> gives up easily |
| <input type="checkbox"/> usually completes tasks | <input type="checkbox"/> usually brings needed materials to class |
| <input type="checkbox"/> needs help with organization | <input type="checkbox"/> needs extra time on classwork |
| <input type="checkbox"/> tends to be impulsive | <input type="checkbox"/> tends to be reflective |
| <input type="checkbox"/> usually remembers assignments, instructions, etc | |
| <input type="checkbox"/> works best within a structured classroom routine | |
| <input type="checkbox"/> needs to move about occasionally | |

Should be seated:

☐ in front of room ☐ in back of room ☐ away from a window ☐ near a window

Which of the following instructional techniques/behavior management/ best practices/motivational phrases have proven successful with your child? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> small group | <input type="checkbox"/> lecture/practice | <input type="checkbox"/> peer buddy |
| <input type="checkbox"/> activity based instruction (games, role playing, presentation) | | |
| <input type="checkbox"/> large group | <input type="checkbox"/> class discussions | <input type="checkbox"/> computer assisted |
| <input type="checkbox"/> peer tutor | <input type="checkbox"/> tutorial/one-to-one | <input type="checkbox"/> working alone |
| <input type="checkbox"/> working with peers | <input type="checkbox"/> working with an adult | <input type="checkbox"/> working with a team |
| <input type="checkbox"/> working with another student | <input type="checkbox"/> other (explain) | |

Comments _____

Label each of the following as: (s) strength (w) weakness

- | | |
|--|--|
| <input type="checkbox"/> copying from the board | <input type="checkbox"/> hands-on tasks |
| <input type="checkbox"/> class discussion | <input type="checkbox"/> reading out loud |
| <input type="checkbox"/> creative projects | <input type="checkbox"/> writing (journal, creative) |
| <input type="checkbox"/> gaining information from printed materials (text, handouts) | |
| <input type="checkbox"/> gaining information from pictures | |
| <input type="checkbox"/> oral expression and communication skills | |
| <input type="checkbox"/> organizing and maintaining notebooks | |
| <input type="checkbox"/> parent involvement and support | |
| <input type="checkbox"/> if other, please explain: _____ | |

Does your child have any physical limitations that require classroom adaptations/modifications? Please explain: _____

Is there anything else we should know about your child?

