

**2016-2017  
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?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_