

STUDENT INFORMATION FORM

Student name:
Names and ages of siblings:
School last attended and grade completed:
Describe your child's previous school experience:
What activities does your child most enjoy?
What do you see as your child's academic and social strengths?
In what academic and social areas do you feel your son or daughter may need to improve?
Please describe any circumstances in your child's home, family, school or environment, which may have had positive or negative effects on his or her personal and school life.
Has your child experienced any developmental or learning difficulties (i.e. issues with speech, language, sensory integration or processing, etc.)? Has your child had any diagnostic testing in these areas? Does your child have an Individual Educational Plan (IEP)? Has your child had an IEP in the past?
Does your child have any physical condition or health issue of which Whatcom Day Academy should be aware?
What would you most like your child to gain from his or her experience at Whatcom Day Academy?
Please use the reverse side to provide any additional information you would like us to know about your child.