

**NORTHAMPTON PUBLIC SCHOOLS**  
Registrar/ School Choice Coordinator  
212 Main Street, Northampton, MA 01060  
Phone: (413) 587-1328 Fax: (413) 587-1318  
Web: [www.northampton-k12.us](http://www.northampton-k12.us)

**STUDENT ENROLLMENT**  
**REGISTRATION REQUIREMENTS**

Welcome to the Northampton Public Schools! It is our intent that your child has a successful transition to our school system. In order to enroll a student in the Northampton Public Schools, you must complete the required enrollment forms, which are enclosed, and submit additional documents along with these forms. All enrollments are completed in person by the parent or legal guardian only. Children are welcome to attend but are not required.

According to Massachusetts law, only those students who are living in the City of Northampton, Leeds or Florence, and who have an intention of remaining in the City of Northampton are eligible to attend the Northampton Public Schools (unless accepted in the School of Choice Program). The Northampton School Committee has developed a policy on residency which requires the administration to develop a procedure for the verification of residency.

**Please bring the following documents to your Registration Appointment:**

- A certified copy of the child's Birth Certificate (not the hospital record)
- Documents showing residency: **ONE of the following**: Mortgage statement or deed, fully signed lease or rental agreement, landlord/owner property affidavit, fully signed and executed Purchase & Sales agreement, or Section 8 Agreement.
- Documents showing Occupancy: **ONE of the following**: gas, oil, water/sewer, electric, home phone (not cell) or cable bill dated within the past 60 days.
- Photo identification of the Parent/Legal Guardian: Valid driver's license or photo ID card, Valid Passport, other government issued photo id.
- Health Record: Immunization records AND proof of a recent physical exam (within the past 12 months) as required by State law showing results of both a vision and hearing screening.
- If applicable, Individual Education Plan (IEP) or 504 documents
- If applicable, Proof of Physical Custody, or any court documents that name your child (parenting agreement, etc).

Please contact the Registrar to schedule an appointment:

**Jennifer Towler at (413) 587-1328**  
or email: [jtowler@northampton-k12.us](mailto:jtowler@northampton-k12.us).

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For Office Use Only:	
School Year: _____	LASID # _____
Entry date: _____	School Choice: _____ OE _____
Year of Graduation: _____	Assigned School: _____

## SCHOOL REGISTRATION FORM

### Student Information:

Student's Legal name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  non-binary GRADE: \_\_\_\_\_  
MO-DAY-YR

**Primary Language of Home:** \_\_\_\_\_ *Language first learned by the student or first used by the parent/guardian with the student*

City & State of Birth: \_\_\_\_\_ and Country if outside US

Home Address: \_\_\_\_\_ *Mailing (if different)* \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has this student been enrolled in Northampton Public Schools before?  No  Yes When: \_\_\_\_\_

### Parent / Legal Guardian #1 *\*primary phone to be called by Parent Notification System for school cancellations/emergencies*

Name of Parent/Guardian: \_\_\_\_\_

Father  Mother  Legal Guardian  Other: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone\* \_\_\_\_\_ Please circle Cell/Home/Work Other Phone: \_\_\_\_\_ Please circle Cell/Home/Work

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

### Parent / Legal Guardian #2 *\*primary phone to be called by Parent Notification System for school cancellations/emergencies*

Name of Parent/Guardian: \_\_\_\_\_

Father  Mother  Legal Guardian  Other: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone\* \_\_\_\_\_ Please circle Cell/Home/Work Other Phone: \_\_\_\_\_ Please circle Cell/Home/Work

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mass Statute provides that both parents have equal rights and access to their child and his/her school records, unless a court order states differently. Court orders should be copied and kept in the child's Cumulative Record at the school.

Are there any court documents (legal issues/custody) that name your child?  Yes  No

Please indicate which parent can pick the child up from school? Parent 1:  Parent 2:

Which parent receives report cards/school mailings? Parent 1:  Parent 2:

### Ethnicity & Race: Required by State & Federal regulations

<b>Ethnicity:</b> Is the student Hispanic or Latino? Person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture/origin, regardless of race.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Race:</b> Choose one or more from the following racial groups:  <input type="checkbox"/> <b>American Indian or Alaska Native:</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation/community attachment	<input type="checkbox"/> <b>Asian:</b> original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam	<input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	<input type="checkbox"/> <b>Black or African American:</b> A person having origins in any of the Black racial groups of Africa - includes Caribbean Islanders and other of African origin.	<input type="checkbox"/> <b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### ALL Other household members (other than parents and student already named above)

Legal Name:	Date of Birth:	School (if applicable)	Grade:	Relationship to Student:

**Active Military Affiliation: Valor Act - for the purpose of providing support to ACTIVE military families**

- |  |  |
|--|--|
| <input type="checkbox"/> Student has a parent(s) who is currently on <b>ACTIVE Duty</b>  | <input type="checkbox"/> Student has a parent who died while <b>on Active Duty</b>   |
| <input type="checkbox"/> Student has a parent who is a medically discharged veteran or who has retired <b>within the past year</b> | <input type="checkbox"/> None of the above (Not <b>ACTIVE</b> duty military, includes veterans (non-active) and non-military families) |

**Publication Consent:**

Dept. of Ed. Regulations 603 CMR 23.07 (4)(a): the school may release for publication certain information from officially recognized school activities/functions concerning your child, from time to time without first obtaining your consent, unless indicated otherwise below. Directory information can include: student's name, address, telephone listing, date and place of birth, major field of study, dates of attendance, weight/height of athletic members, participation in class activities and sports, degrees, honors, awards and post-high school plans.

- \_\_\_\_\_ I agree to release this information for publication without my consent  
\_\_\_\_\_ I **DO NOT** agree to release this information for publication without my consent

**Previous School Experience:**

Last school attended: \_\_\_\_\_ School District: \_\_\_\_\_  
School address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Grades Attended: \_\_\_\_\_ Date left previous school: \_\_\_\_\_  
Home address while attending previous school: \_\_\_\_\_  
Has the student ever repeated a grade level?  Yes  No If Yes, which one(s)? \_\_\_\_\_

**Special Programs** - Please check if student has received any special services or participated in any of the following programs.

- |  |  |                                   |  |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> ELL/Bilingual Program | <input type="checkbox"/> IEP               | <input type="checkbox"/> Title 1  | <input type="checkbox"/> Resource Specialist |
| <input type="checkbox"/> Speech/language       | <input type="checkbox"/> Gifted & Talented | <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Other: _____        |

Education Reform Act of 1993. Amended Section 37, 37L of said Chapter 71 of the General Laws states that a student transferring into a local system must provide the new school system with a complete school record of entering student. Said record shall include, but not be limited to, any incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act.

- Is the student on probation?  Yes  No  
Has the student ever been expelled from another school?  Yes  No  
Has the student ever been suspended for possession of a dangerous weapon, controlled substance or staff assault?  Yes  No  
If yes, describe the circumstances and give the length of the suspension: \_\_\_\_\_

**Emergency Contacts:**

Please provide at least one person (**NOT PARENTS**) who have given their consent to assume responsibility/provide transportation if parent/guardian is unable to be reached in an emergency: (note: photo identification will be required at the time of pick-up)

- Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to student:  grandparent  neighbor  family friend  child care provider  other: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to student:  grandparent  neighbor  family friend  child care provider  other: \_\_\_\_\_

**Signature of Custodial Parent or Guardian:**

*By signing below I affirm that all the information on this form is correct to the best of my knowledge. If this student is enrolled in the District on the basis of information knowingly falsified by me, I am liable to the District for the daily tuition rate and the student will be withdrawn. I also acknowledge that the emergency contacts listed have my permission to pick up my child in the event of an emergency if I can not be reached.*

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

"Every person shall have a right to attend the public school of the town where he/she actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly attended public schools." M.G.L. Chapter 76, Section 5.

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 212 MAIN STREET, ROOM 200  
 NORTHAMPTON, MA 01060  
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 WWW.NORTHAMPTON-K12.US

### Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information			
_____ <b>First Name</b>	_____ <b>Middle Name</b>	_____ <b>Last Name</b>	<b>F</b> <input type="checkbox"/> <b>M</b> <input type="checkbox"/> <b>Gender</b>
_____ <b>Country of Birth</b>	____/____/____ <b>Date of Birth (mm/dd/yyyy)</b>	____/____/____ <b>Date first enrolled in ANY U.S. school (mm/dd/yyyy)</b>	
School Information			
____/____/20____ <b>Start Date in New School (mm/dd/yyyy)</b>	_____ <b>Name of Former School and Town</b>	_____ <b>Current Grade</b>	
Questions for Parents/Guardians			
<b>What is the native language(s) of each parent/guardian? (circle one)</b> _____ (mother / father / guardian) _____ (mother / father / guardian)	<b>Which language(s) are spoken with your child?</b> <i>(include relatives -grandparents, uncles, aunts, etc. - and caregivers)</i> _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always		
<b>What language did your child first understand and speak?</b>	<b>Which language do you use most with your child?</b>		
<b>Which other languages does your child know? (circle all that apply)</b> _____ speak / read / write _____ speak / read / write	<b>Which languages does your child use? (circle one)</b> _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always		
<b>Will you require written information from school in your native language?</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Will you require an interpreter/translator at Parent-Teacher meetings?</b> Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>Parent/Guardian Signature:</b> <b>X</b>	____/____/20____ <b>Today's Date: (mm/dd/yyyy)</b>		

For Office Use Only:	
<input type="checkbox"/>	Meets Residency Criteria OR
<input type="checkbox"/>	Referred to attendance Officer:
<input type="checkbox"/>	Residency confirmed
<input type="checkbox"/>	Residency not confirmed

### VERIFICATION OF RESIDENCY

Prior to admission, and yearly thereafter, students living within the district must provide proof of residence and occupancy (Policy JBA). M.G.L. C 76, §5 allows the School Committee to obtain the full cost of any student's education from any adult who allows a student to attend Northampton Public Schools, knowing that the student is not a resident.

Student's Name: \_\_\_\_\_

Resides at the following address: \_\_\_\_\_  
Street City State Zip

*I understand that a student must reside in Northampton, Leeds or Florence to attend the Northampton Public Schools (or be accepted into the school choice program). As the adult with whom this student is now residing at the address shown above, I hereby certify that I am the student's (check one below)*

- Parent                       Legal Guardian\*                       Relative\*

*I agree to notify school authorities of any change of address without delay.*

Signed under the pains and penalties of perjury on: \_\_\_\_\_  
Month / day / year

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\*Legal guardianship requires additional documentation from a court or agency.

The NPS residency policy **does not apply** to homeless students eligible under the McKinney-Vento Act  
 Student eligible for services under the McKinney-Vento Act (to be determined by school staff)

<u>All Applicants must submit at least one document from each of the following columns:</u>		
COLUMN A	COLUMN B	COLUMN C
<input type="checkbox"/> Copy of Deed OR record of recent mortgage payment <input type="checkbox"/> Copy of lease <input type="checkbox"/> Legal affidavit from landlord affirming tenancy and record of most recent rent payment <input type="checkbox"/> Section 8 Agreement	A utility bill or work order dated within the past 60 days, including: <input type="checkbox"/> Gas Bill <input type="checkbox"/> Oil Bill <input type="checkbox"/> Electric Bill <input type="checkbox"/> Home telephone bill (not cell) <input type="checkbox"/> Cable Bill	<input type="checkbox"/> Valid driver's license <input type="checkbox"/> Current vehicle registration <input type="checkbox"/> Valid Massachusetts Photo ID <input type="checkbox"/> Valid Passport, dated within the past year <input type="checkbox"/> W-2 Form <input type="checkbox"/> Excise (vehicle) tax bill <input type="checkbox"/> Property tax bill, dated within the past 60 days <input type="checkbox"/> Letter from government agency <input type="checkbox"/> Payroll stub <input type="checkbox"/> Bank or credit card statement

For office use only	
Signature of staff person: _____	Date: _____

**NORTHAMPTON PUBLIC SCHOOLS**

212 Main Street Room 200  
Northampton, MA 01060-3112  
Telephone (413) 587-1331  
FAX (413) 587-1318 TDD (413) 587-1373

To be completed by Parent/Guardian:  
**MEDICAL HISTORY FORM**

Student's Name: \_\_\_\_\_ Sex \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
No. Street City State Zip Code

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Major Language: \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Brothers/Sisters:	Date of Birth:	School if applicable:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary Care Physician: \_\_\_\_\_  
Name Address  
Dentist: \_\_\_\_\_  
Name Address  
Other/Specialists: \_\_\_\_\_  
Name Address

**Medical History: (Please circle YES or NO and provide dates if Yes)**

Hernia	Y or N	_____	Ear Infections	Y or N	_____	Asthma	Y or N	_____
Rheumatic Fever	Y or N	_____	Chicken Pox	Y or N	_____	Heart Disease	Y or N	_____
Scarlet Fever	Y or N	_____	Diabetes	Y or N	_____	Convulsions	Y or N	_____
Bee Sting Allergy	Y or N	_____	Tuberculosis	Y or N	_____	Kidney Disease	Y or N	_____
Other Allergies	Y or N	List: _____				Tonsillitis	Y or N	_____

Accidents: (explain) \_\_\_\_\_  
Other Serious or Chronic Illness: \_\_\_\_\_  
Physical Handicaps/Limitations (explain) \_\_\_\_\_  
Does your child wear glasses? Y or N Hearing Aid? Y or N  
Hospitalizations/Operations (date/reason) \_\_\_\_\_  
Medications: (list) \_\_\_\_\_

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

Immunizations verified/copied (School Nurse) \_\_\_\_\_ Date: \_\_\_\_\_  
Birth Certificate received (School Nurse) \_\_\_\_\_

**CONFIDENTIAL**

NORTHAMPTON PUBLIC SCHOOLS  
Heath Services Department  
Director of Health Services - Karen Jarvis Vance, RN  
380 Elm Street, Northampton, MA 01060  
Phone: (413) 587-1364

## Dental Certificate

Name:

Grade:

School:

**This is to certify that the child named above is under your care.**

Dental Office Name (Please print): \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This certificate is valid for six months. An examination is necessary before this certificate can be awarded.

***PROTECT YOUR CHILD'S TEETH.***

***VISIT THE DENTIST EVERY SIX MONTHS.***

**Northampton Public Schools**  
Parent Interview/Developmental History  
For Preschool & Kindergarten Students

*Thank you for taking the time to fill out this information sheet. Please skip any questions you would rather not answer. Your responses help us get to know your child and establish an understanding of where they are in their learning.*

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Nickname: \_\_\_\_\_ Sex: M F

Parent/Guardian: \_\_\_\_\_ Resides with student full time? Y or N

Job/Place of Employment: \_\_\_\_\_ Working Hours: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Resides with student full time? Y or N

Job/Place of Employment: \_\_\_\_\_ Working Hours: \_\_\_\_\_

Who does your child live with?  mother(s)  father(s)  step parent  grandparent(s)  aunt/uncle  
 other family members  Please list siblings and their ages: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Are there others, including babysitters, who spend a significant amount of time with your child? \_\_\_\_\_

Previous school/child care experience (name of school/center/provider, how long): \_\_\_\_\_

Child's health: good  fair  poor  Has your child been hospitalized? \_\_\_\_\_

If so, please explain (operations, accidents, etc.) and give her/his age at the time. \_\_\_\_\_

Has your child had other serious illnesses \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Has your child ever fainted or passed out? \_\_\_\_\_ Has s/he ever had a seizure? \_\_\_\_\_ How many? \_\_\_\_\_

Describe: \_\_\_\_\_

Does your child complain of frequent headaches, stomachaches, or leg cramps? \_\_\_\_\_

Does your child have any problems hearing? \_\_\_\_\_

Has s/he had frequent ear infections, tubes, hearing aid, running ears, ears lanced? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Does your child see normally? \_\_\_\_\_ Does s/he wear glasses? \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ Is so, please explain: \_\_\_\_\_

Does your child take any medicine regularly besides vitamins? \_\_\_\_\_ Is so please explain: \_\_\_\_\_

Has your child been seen by a neurologist? \_\_\_\_\_ Psychologist? \_\_\_\_\_

Has his/her speech or hearing been tested? \_\_\_\_\_

Has child received services in a speech, hearing, and language center? \_\_\_\_\_

If so, please describe: \_\_\_\_\_



**Northampton Public Schools**  
Parent Interview/Developmental History  
For Preschool & Kindergarten Students

Did your child receive early intervention services? \_\_\_\_\_

At what age was your child toilet trained? \_\_\_\_\_ Dry days: \_\_\_\_\_ Dry nights: \_\_\_\_\_

Which hand does your child use to: eat \_\_\_\_\_ draw \_\_\_\_\_ throw ball \_\_\_\_\_

When your child goes to sleep at night, does s/he:

_____ take a long time to get to sleep?	_____ awoken during the night?
_____ have nightmares? occasionally _____ frequently _____	_____ wet her/his bed?
_____ what is your child's usual bedtime?	_____ what time does your child usually wake up?
_____ Does s/he have a nap or quiet time? ___ regularly ___ occasionally	_____ Does your child eat breakfast?

How much help does s/he need with dressing, undressing, toileting and other self help skills? \_\_\_\_\_

How does your child feel about starting school? (e.g. excited, nervous, scared, can't wait) \_\_\_\_\_

Does your child have any special friends who will be starting preschool or kindergarten? \_\_\_\_\_

Does your child play primarily with:

- younger children     older children or adults     children his/her own age     older children or adults  
 age doesn't seem to matter     brothers/sisters     limited opportunity to play with others

How physically active is your child? \_\_\_\_\_

When your child plays alone, what type of play or activity does s/he prefer? \_\_\_\_\_

When your child plays with other children, what activity does s/he prefer? \_\_\_\_\_

Which of the following describe your child?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Affectionate                  | <input type="checkbox"/> Physically active | <input type="checkbox"/> Calm                  | <input type="checkbox"/> Prefers to play alone                |
| <input type="checkbox"/> Aggressive                    | <input type="checkbox"/> Outgoing          | <input type="checkbox"/> Cries easily          | <input type="checkbox"/> Prefers to play with one other child |
| <input type="checkbox"/> Quiet                         | <input type="checkbox"/> Demanding         | <input type="checkbox"/> Prefers adult company | <input type="checkbox"/> Prefers to play with a small group   |
| <input type="checkbox"/> Even tempered                 | <input type="checkbox"/> Happy-go-lucky    | <input type="checkbox"/> Easily frightened     | <input type="checkbox"/> Moody                                |
| <input type="checkbox"/> Shy                           | <input type="checkbox"/> Nervous           | <input type="checkbox"/> Noisy                 | <input type="checkbox"/> Talkative                            |
| <input type="checkbox"/> Frequent challenging behavior | <input type="checkbox"/> Independent       | <input type="checkbox"/> Other: _____          |   |

How much does your child talk around the home?

- /he talks all the time; it's hard to get a word in     s/he doesn't talk much.     about average for children his/her age

**Northampton Public Schools**  
Parent Interview/Developmental History  
For Preschool & Kindergarten Students

CONTINUED ON NEXT PAGE:

Which of the following experiences has your child had?

- |  |   |
|--|---|
| <input type="checkbox"/> moving; how many times? _____                       | Where? _____  |
| <input type="checkbox"/> Activities (music, dance, sport, etc..)             | <input type="checkbox"/> eating in a restaurant                         |
| <input type="checkbox"/> going to a friend's house to play                   | <input type="checkbox"/> living with someone other than parent          |
| <input type="checkbox"/> a long visit with relatives                         | <input type="checkbox"/> a death in the family                          |
| <input type="checkbox"/> visiting a doctor regularly, e.g., pediatrician     | <input type="checkbox"/> an immediate family member with a long illness |
| <input type="checkbox"/> staying overnight away from family                  | <input type="checkbox"/> caring for or having a pet                     |
| <input type="checkbox"/> a parent away from home for extended period         | <input type="checkbox"/> raising plants or having a garden              |
| <input type="checkbox"/> time in another country                             | <input type="checkbox"/> experience with another language               |
| <input type="checkbox"/> an airplane ride                                    | <input type="checkbox"/> visiting a children's museum                   |
| <input type="checkbox"/> a boat ride   | <input type="checkbox"/> visiting a farm, zoo, aquarium                 |
| <input type="checkbox"/> other significant experience in his/her life: _____ |   |

Comments on any of the above experiences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child like to be read to? \_\_\_\_\_ If so, by whom? \_\_\_\_\_ How often? \_\_\_\_\_

Does your child like to watch television/videos? \_\_\_\_\_

What programs do they like to watch? \_\_\_\_\_

Does your child play video games or use the computer? \_\_\_\_\_

Approximately how much screen time does your child have each day? \_\_\_\_\_

What else would you like us to know about your child and or family so that we can help your child have a good school year?  
\_\_\_\_\_  
\_\_\_\_\_

Describe any problems with your child that may affect his/her education: \_\_\_\_\_  
\_\_\_\_\_

Do you want someone from the Special Education Department to call you to discuss this information and/or to make a referral for a Special Education evaluation?  YES  No Phone \_\_\_\_\_

Name of parent/guardian/other: \_\_\_\_\_

Date: \_\_\_\_\_