



Texas Conference of Seventh-day Adventists
Office of Education
PO Box 800 | Alvarado, TX 76009



STUDENT INFORMATION FORM
REACH

TO BE COMPLETED BY PARENT/GUARDIAN.

I. Personal Information

Student Name: _____ Grade: _____
First Middle Last

Birth date: _____ Home Telephone: _____
Month Day Year

Student's Address: _____
Street City Zip Code

Parents: _____ Cell Phone: _____

Email Address: _____

Where does your child attend school? _____

Please complete the following information for each sibling:

Table with 3 columns: NAME, AGE, SCHOOL. Contains 3 empty rows for sibling information.

II. Educational Information

Please explain your primary area of concern.

Three horizontal lines for writing the primary area of concern.

When was this problem/concern was first noticed?

Three horizontal lines for writing when the problem was first noticed.

What strategies have been implemented thus far to assist your child in the areas in which they are struggling?

Two horizontal lines for writing implemented strategies.

How has the student's difficulties affected his/her performance in the classroom and on standardized testing?

Three horizontal lines for writing how difficulties affect performance.

III. Health History

Does your child have any medical/developmental issues that might impact their performance academically?

Has the student had an educational, psychological, or medical (psychiatric, neurological, etc.) examination within the last 3 years? ___ No ___ Yes* **If yes, please provide copies of any evaluation reports.*

*Type of Evaluation _____ Examiner _____

Have there been any significant changes in the child's health status in the last 3 years? If so, please provide educationally relevant information:

Is your child currently taking any medication? ___ No ___ Yes* **Please complete the following:*

NAME OF MEDICATION	REASON	DATE BEGAN	SIDE EFFECTS OBSERVED

IV. Communication Skills Information

Please explain any concerns you have regarding your child's language development or speech and language skills. (For example: pronunciation, grammar, understanding directions, hesitation when talking, vocabulary, etc.)

V. Social / Emotional Considerations

How does the student get along with the following individuals?

Parents _____

Siblings _____

School Peers _____

Neighborhood friends _____

Other Adults _____

Does the student tend to socialize more with individuals who are:

peers____ younger____ older____ adults____

How does the student spend their spare time? (example: watching TV, reading, part time job, extracurricular activities)

Please describe the student's feelings about school. _____

VI. Additional Information and Comments

Please explain any additional concerns you have about your child's performance in school or any other information you believe is important. _____

Additional Comments: _____

****Please attach any copies you have of scores from standardized assessments. (STAAR, COGAT, ITBS, etc.)**