



Student Supplemental Information

(To Be Completed by Parents)

Student Name _____ DOB _____

Family History

Please share information about the support/ intervention your child has received, if any. **If evaluations have been completed, please provide a copy of the report.**

At what age did you suspect your child may need intervention? _____

What indicators did you see? _____

Is there a family history of learning differences? If yes, please explain.

Is your child adopted? _____ If yes, does he/she know? _____

Have there been any important events (e.g. moving, divorce, accidents, illness, deaths) in your family that have affected your child? If yes, how do they affect your child now?

Medical History

What operations, accidents, illnesses and/or hospitalizations has your child had and at what age? Please describe the circumstances.

Does your child have any chronic conditions (e.g. allergies, asthma, epilepsy)? _____

Is your child on medication currently? _____ If yes, what medication and what is the reason for use? _____

Does your child have a history of high fevers and/or seizures? If so, please describe: _____

Does your child have a history of ear and/or respiratory infections? If yes, please describe.

Physical Development

At what age did your child do the following:

Walk? _____ Talk? _____ Stand? _____ Tie shoes? _____ Ride a bike? _____ Toilet Trained? _____

What are your child's sleeping habits? What difficulties do you encounter, if any?

What are your child's present eating habits? What difficulties do you encounter, if any?

What was your child like as a toddler? For instance, was he/she quiet, easy-going, clingy, independent, impulsive, enthusiastic, defiant, negative?

What was your child's reaction to his/her first school and/or daycare experience? Did he/she have a hard time separating at the beginning?

Language Development

At what age did your child say his/her first words? _____

At what age did your child begin combining 2 and 3 words together? _____

Does your child have difficulty organizing and expressing his/her ideas? _____

Can he/she retell a story in logical order? _____

Other than English, are there other languages spoken at home? If so, which language/s and by whom? _____

Social Development

What is your child like at home? Please include your child's activity level and relationship with siblings.

Are your child's friends the same age, older or younger? _____

How does he/she generally get along with friends?

What are your child's interests, skills, hobbies?

What sports does your child play, if any?

Describe any counseling your child has received or is receiving:

Academic Development

Academic strengths of your child:

Academic needs of your child, such as difficulties reading, math, and/or language:

Study and work habits of your child:

Describe how your child manages obstacles/challenges. Does he/she persevere? Give up easily?

Describe the organizational skills of your child:

Please briefly describe any particular circumstances which may have affected your child's record in school, including but not limited to: attention or behavior difficulties, medical needs, hospitalizations and frequent changes of school. Please include dates when possible.

In what ways would you most like to see your child develop during his/her year in the Diocese of Nashville Catholic Schools?

Professional Reference Release of Information

Parent/Guardian: Please complete this form by listing professional providers and their contact information below. Professional providers can include a classroom teacher from another school, educational tutor, speech language pathologist, psychologist, counselor, etc. Please indicate the services provided by each reference listed.

Student Name: _____ **Date of Birth:** _____

Professional Provider:

Name: _____ **Position:** _____

Phone: _____ **Fax:** _____

Email: _____

Professional Provider:

Name: _____ **Position:** _____

Phone: _____ **Fax:** _____

Email: _____

Professional Provider:

Name: _____ **Position:** _____

Phone: _____ **Fax:** _____

Email: _____

Your signature gives (school name) _____

Staff permission to contact via phone, email, fax and/or written request for release of transcripts, teacher reports, evaluations, standardized testing, and all other information pertaining to the educational, physical and emotional status of my child.

Signature

Date

Signature

Date