

Seattle Christian Schools

1 - 6 Grade Questionnaire

Name _____ Sex _____ Grade entering _____

Birth date _____ Age _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this child been tested for or diagnosed with any medical, behavioral, developmental or psychological condition? (i.e. learning disability, ADD/ADHD, depression, or any other condition that would affect his/her performance at school? If yes, please explain.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your child ever had (or been evaluated for) an IEP (individual education plan) or received 504 accommodations? (If yes, please explain.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your student taking any type of medication? (If yes, for what purpose are they used?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does he/she have normal vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does he/she enjoy normal hearing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has this student had any academic, disciplinary, or social problems at school? (If yes, please explain.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does this child show interest in spiritual matters? (If yes, please elaborate.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. What are your child's interests and strengths? | | |

School transferring from: _____

Address: _____ City _____ Zip _____

Date: _____ Signature _____

Father/Mother/Guardian