



NEW STUDENT – PARENT INPUT FORM
KOKANEE ELEMENTARY SCHOOL



Student Name: _____ Gender: _____

Name of Previous School: _____ Location: _____

Enrolling in what grade? _____ Enrolling for the school year: 20 \ 20.

Which of these describe your student?

- | | |
|---|---|
| <input type="checkbox"/> Needs more activity than the average | <input type="checkbox"/> Is overly shy |
| <input type="checkbox"/> Is more of a visual learner | <input type="checkbox"/> Is more of an auditory learner |
| <input type="checkbox"/> Concentration is hard for him/her | <input type="checkbox"/> Works best independently |
| <input type="checkbox"/> Prefers working in groups | <input type="checkbox"/> Works better in a quiet environment |
| <input type="checkbox"/> Works best in an interactive class | <input type="checkbox"/> Has a difficult time staying organized |
| <input type="checkbox"/> Completes work independently | <input type="checkbox"/> Needs reminders to stay on task |

How much support does your student need in the classroom?

	Low	Medium	High
Academic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What level corresponds to your student for these:

	Low	Medium	High
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did your student participate in any of these programs at his/her previous school?

- | | |
|--|--|
| <input type="checkbox"/> LC - Learning center | <input type="checkbox"/> LAP-Reading - Learning Assistance Program for Reading |
| <input type="checkbox"/> SLP - Speech Language Pathology | <input type="checkbox"/> IEP - Individualized Education Program |
| <input type="checkbox"/> OT/PT - Occupational Therapy and Physical Therapy | <input type="checkbox"/> ADA 504 Plan |
| <input type="checkbox"/> ELL - English Language Learner | |

If you selected any of the programs above, what school year(s) did your student participate in the program(s):

Areas of most success at school: _____

Areas of greatest concern at school: _____

Anything else we should be aware of and would be helpful for his/her learning environment: _____
