

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



STUDENT INFORMATION FORM **REACH**

I. Personal Inform	nation							
Student Name				Grade				
	First	Middle	Last					
Birth date	Month Day	Year Ho	ome Telephone					
Student's Address	Street		City	Zip Code				
Parents		Ce	Cell Phone					
Email Address								
Please complete the fo	ollowing information t	or each sibling.						
	NAME	AGE		SCHOOL				
II. Educational Inf		n.						
When this problem/cor	ncern was first notice	ed?						
What strategies have t	been implemented th	us far to assist your child	I in the areas in which th	ney are struggling?				
How has the student's	difficulties affected h	nis/her performance in the	e classroom and on stat	e/district wide testing?				

Does your child have any m	edical/deve	lopmental issues	that might impact	their performance academically?
Has the student had an edu	cational, ps	ychological, or m	nedical (psychiatric,	neurological, etc.) examination within the last
3 years? No	Yes*	*If yes, please p	provide copies of an	ny evaluation reports.
*Type of Evaluation			Examiner	
Have there been any signific educationally relevant inform		s in the child's h	ealth status in the la	ast 3 years? If so, please provide
Is your child currently taking	any medica	ation? No)Yes* *Plea	ase complete the following:
NAME OF MEDICATION	ON	REASON	DATE BEGAN	SIDE EFFECTS OBSERVED
	s you have	regarding your cl		elopment or speech and language skills. nesitations when talking, vocabulary, etc.)
V. Social / Emotional (Consider	otiono		
v. Social / Elliotional v	Consider	3110115		
How does the student get a	•	•		
Parents				
Siblings				
School Peers				
Neighborhood friends				
Other Adults				
Does the student tend to so	cialize more	with individuals	who are	
Own age?	vounger?	olo	der?	adults?

III. Health History

How does the student spend spare time? (example: watching TV, reading, part time job, extracurricular activities)
Please describe the student's feelings about school
r lease describe the student's reenings about scribbi
VI. Additional Information and Comments
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 performed by the school. (TAKS, COGAT, ITBS, etc.)