

| Mother's Email Address: | | |
|---|-------|---|
| Father's Email Address: | | |
| Emergency Contact (if parent unavailable) Name Phone: | | _ |
| Allergies? | | |
| Slingerland® Screened?Yes No Name of screener | | |
| Slingerland® Tutored?YesNo Name of tutor | | |
| Referred by: Fall Placement | ?YesN | 0 |
| Reason for enrolling: | | |
| Current School City | | |
| Has your child ever had (or currently has) an IEP at a public school? | YesNo | |
| Is your child currently receiving any special services in school or after school? | YesNo | |
| Does your child consistently interact with peers in an appropriate manner? | YesNo | |
| Does your child consistently respond to adults in a respectful manner? | YesNo | |
| Is your child currently taking any medications to help him/her focus? | YesNo | |