

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	