

Student Information Questionnaire – 2017-2018

Student Name: _____

1. Does your child suffer from any medical illness? NO YES (If yes, explain)

2. Does your child have any special needs? NO YES (If yes, explain)

3. Does your child have a history of medical, psychiatric or emotional difficulties?
 NO YES (If yes, explain)

4. Has your child had a history of behavioral issues? NO YES (If yes, explain)

Parent / Guardian Name: _____

Parent / Guardian Signature: _____