

Riffenburgh Student Information Form

Student's name _____

Has your child received any of the following services? Please check no or yes.

Service	No	Yes	If yes, please explain.
Integrated services (IEP)- My Student has the following identified disabilities and received special education support through an IEP			<input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Orthopedic impairment <input type="checkbox"/> Serious Emotional Disability <input type="checkbox"/> Speech or Language Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Deaf <input type="checkbox"/> Other Health Impairment-Diagnosis _____
English language development services (ELD)			
Academic interventions for math (MTSS)			
Academic interventions for reading/literacy (MTSS)			
Behavioral interventions (MTSS)			
504 accommodations			
Title I			

Riffenburgh Elementary, an IB World School
Kindergarten Questionnaire

Thank you for filling out this form to its entirety as it helps us to create balanced classrooms!

Child's Full Name _____
Last First Middle

Name your child goes by: _____

Address _____

Birthdate _____ Telephone _____
Month Day Year

Will your child be 5 years old on or before October 1st? _____

Father's name _____

Mother's Name _____

Occupation _____

Occupation _____

Work Phone _____

Work Phone _____

Please indicate any religious beliefs or holidays which you don't celebrate:

Please indicate any family situations which would be beneficial to the teacher working with your child (ex: custody arrangements, split households, etc.):

Please indicate any allergies, unusual habits, serious medical issues, traumatic experiences:

What type of discipline is most effective at home?

Are there other languages than English spoken at home?

In what different locations has your child lived? (ex: Colorado, Wyoming, etc.)

Do you have any emotional/behavioral concerns about your child?

What are your child's strengths?

What areas could your child improve?

What goals/hopes do you have for your child's Kindergarten experience?

Has your child attended preschool, prek or Kindergarten at another school? If so, please provide details of that experience.

We are looking forward to getting to know you and your Kindergartener!