



## Student Information Sheet

### STUDENT INFORMATION

Name of Student:	Date of Birth: ____/____/____ Age: Gender:
Diagnosis: (If more than 1, please list ALL current)	How does your child communicate?
Behavioral Concerns: <input type="checkbox"/> Aggression towards others <input type="checkbox"/> Self-injurious behaviors <input type="checkbox"/> Property destruction <input type="checkbox"/> Non-compliance <input type="checkbox"/> Eloping <input type="checkbox"/> Temper tantrums; screaming; yelling <input type="checkbox"/> Sexually inappropriate behaviors <input type="checkbox"/> PICA <input type="checkbox"/> Dropping <input type="checkbox"/> Urinates/smears feces <input type="checkbox"/> Removes clothing <input type="checkbox"/> Other: _____	Health Information: Current Height: _____ Current Weight: _____ <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies: _____ <input type="checkbox"/> Hearing loss <input type="checkbox"/> Vision loss <input type="checkbox"/> Non-ambulatory <input type="checkbox"/> Other: _____ <input type="checkbox"/> Medication(s): _____ _____ _____

### PARENT/GUARDIAN CONTACT INFORMATION

Name of Parent/Guardian(s):			
Address:	City:	State:	Zip-Code:
Home Telephone Number:	Mother's Cell Number:	Father's Cell Number:	
Home Email Address:	Mother's Email Address:	Father's Email Address:	

Main concerns:

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List all current and past schools and placements. (Please include: public, private, special day-school, residential placement, group home, etc).

Elementary School

Dates	School/Program Name	Type (public, residential, etc)

Middle School

Dates	School/Program Name	Type (public, residential, etc)

High School / Secondary School

Dates	School/Program Name	Type (public, residential, etc)