

Parent/Guardian Observation

Applicants Full Name _____
First Name / Middle Name / Last Name

Birthdate _____ Age _____ ☐ Male ☐ Female

Ethnicity: ☐ American Indian ☐ .5 American Indian ☐ Asian ☐ .5 Asian ☐ Black ☐ .5 Black
☐ Caucasian ☐ Hispanic/Latino ☐ .5 Hispanic/Latino ☐ Other

Grade requesting for _____ school year.

☐ Half-day Preschool ☐ All-day Preschool ☐ All-day Kindergarten

☐ 1st Grade ☐ 2nd Grade ☐ 3rd Grade ☐ 4th Grade ☐ 5th Grade

☐ 6th Grade ☐ 7th Grade ☐ 8th Grade ☐ 9th Grade ☐ 10th Grade

Years at CCS (returning students): P K 1 2 3 4 5 6 7 8 9 10 (please circle) Years anticipated at CCS: P K 1 2 3 4 5 6 7 8 9 10 (please circle)

Your name _____

Relationship to applicant _____

APPLICANT'S PRIOR SCHOOLING INFORMATION

School Name _____

Street Address _____

City/State _____ Zip _____

Phone _____

(please circle)

Most Recent Teacher _____

Dates Attended _____

Level(s) Attended: P K 1 2 3 4 5 6 7 8 9

Any grade(s) repeated? _____

Was the child dismissed or suspended? _____

Was the applicant evaluated for special education, resource or gifted programs? _____

Is an IEP currently in place, or has one been in place in the past? _____

If yes, please explain results:

How does your child respond to new situations?

Does your child prefer working alone or with others?

When is your child the happiest?
(Reading, playing with friends, outdoors, etc.)

Does your child tend to lead others or follow?

<p>How does your child let you know he/she is frustrated?</p>	<p>When your child is uncooperative, what have you found to be the most effective way to gain his/her cooperation?</p>
<p>Does your child work/play for short spans of time or steadily at a project or game?</p>	<p>Does your child generally feel successful or does he/she need a lot of praise to keep at a task?</p>
<p>What are the most important accomplishments you would like for us to help your child achieve this next year?</p>	<p>What are the most important accomplishments your child has achieved in the last year?</p>
<p>Has your child had difficulty in learning to obey authority other than yourself? If yes, explain.</p>	<p>What activities in your home foster a Christian lifestyle?</p>

CONFIDENTIAL STUDENT INFORMATION

Student Name _____ Grade applying for _____

THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL

1. Has your child ever received special educational services in any of the following areas? To have been placed in any of these special programs, the student would have been tested individually and an Individual Education Plan (IEP) would have been written.

	Continuing Student	Date Dismissed
Speech and language Therapy	_____	_____
Special Class	_____	_____
Resource Specialist Program	_____	_____
Occupational Therapy	_____	_____

Comments: _____

2. Has the student been assessed by Student Support Services? NO _____ YES _____

If yes, please give date: _____

3. Does your child have any problems of which we should be aware? NO _____ YES _____

If yes, please explain: _____

4. Do you have any areas of special concern? NO _____ YES _____

If yes, please explain: _____

5. Has your child ever repeated a grade? NO _____ YES _____

If yes, please explain _____

Parent Signature _____ Date _____