



Student Information Sheet: We need one filled out per child who is registering at ASA

Student Name: _____
 Current Grade: _____ (grade attended in 2023 2024)
 Name of School attended in 2023 2024: _____

History:

Has your child ever been retained or repeated a grade? Yes or No? _____
 If Yes, What grade did he/she repeat or be retained? _____
 Has your child ever been expelled or suspended from School? Yes or No? _____
 If yes, please tell us why and when?

Services:

____ ETR (date _____)	____ Private Physician
____ IEP or Service plan : Provide copy	Physician's Name _____
____ Speech Therapy: Provide Copy	Last Visit ____/____/____
____ Counseling	Reason _____
____ Special Education Class/resource room	Daily Medication (s) taken for

Tutoring

____ Math	____ Asthma	____ Allergies
____ Reading	____ ADD or ADHD	____ Diabetes
____ Other	____ Other _____	

Please list medication taken:

What do you see as your child's strengths?

What do you see as your child's areas for improvement?

Is there anything else we need to know about your child to make this a successful transition?

