

**Indian Mound Middle School: New Student intake
Parent/Guardian Interview**

Date _____

Interviewer: _____

Student Name: _____

Date of Birth _____

Age _____

Parent(s)/Guardian(s): _____

Email address: _____

Street Address, City, Zip Code

Work Phone _____
Home Phone _____
Cell Phone _____

School History

Student is coming from: _____ School: city/state/country _____

Previous Grade Placement: _____

Name of teacher who knew your child best in that school: _____

Please list the names and/or city, state of the schools your child has attended in the following grades:

Grade 8 _____ Grade 5 _____ Grade 2 _____
Grade 7 _____ Grade 4 _____ Grade 1 _____
Grade 6 _____ Grade 3 _____ kindgtn _____

If you are not sure of the school names, about how many times has your child changed schools? _____

Free/Reduced lunch application?
_____ yes _____ No

How do your child and family feel about this current change?

What might help make this transition more comfortable and successful for your student?

Educational Interventions: Has your child received any additional support in School?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reading (Title I, Reading Recovery, Read 180)	In grades: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Math	In grades: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tutoring (in school or private)	In grades: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Individual or group counseling (in school or private)	In grades: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Individual testing-reason:	In grades: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Talented & Gifted-area:	In grades: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Special Education: If Yes, check disability area(s) below	
		<input type="checkbox"/> Autism	<input type="checkbox"/> EBD
		<input type="checkbox"/> OHI	<input type="checkbox"/> SLD
		<input type="checkbox"/> CD	<input type="checkbox"/> HI
		<input type="checkbox"/> OI	<input type="checkbox"/> S/L
		<input type="checkbox"/> VI	

If **Yes**, do you have a copy of the IEP? _____ Yes (copy it?) _____ No

Other School Information

List any musical instruments played in school: _____ Grade(s): _____

Music teacher's name: _____ Will they continue to play? ___ Yes ___ No

List any foreign languages studied in school: _____ Grade(s): _____

What grades did your child receive in this last year? A's B's C's D's F's U's
 (Advanced) (Proficient) (Basic) (minimal)

How do you feel your child is performing academically in school?

Circle areas of **strength** for your child:

Art	Leadership	Reading
Music	School behavior	Math
Dance	Homework	Drama
Sports	Organization	Science
For. Lang.	Seeking help	Soc. St.
Testing	Other _____	

Circle areas of **concern** for your child:

Art	Leadership	Reading
Music	School behavior	Math
Dance	Homework	Drama
Sports	Organization	Science
For. Lang.	Seeking help	Soc. St.
Testing	Other _____	

Health/Social/Emotional and Family Information

Does your child have any medical issues we should be aware of?

___ Yes ___ No If Yes, state issue:

Does your child take **medication**? ___ Yes ___ No

If Yes, please list or be sure to contact the School Nurse:

Does your child have any relatives attending our school? ___ Yes ___ No Names:

How does your child get along with their peers?

Has your child's behavior affected their learning, relationships or attendance? ___ yes ___ No

If Yes, what has worked well in the past to address these behaviors?

Has your child ever been recommended for expulsion? ___ Yes ___ No If Yes, outcome:

Have there been any changes in your child's life or family that may affect their learning, relationships or attendance?

Is there anything else you would like us to know about your child?

How do you prefer to communicate with school and school with you?

___ Home phone ___ Work phone ___ Cell phone ___ Mail ___ E-mail

Is there another adult (or parent), not living with you that should be contacted for conferences or other school matters? ___ Yes ___ No

Name:

Relationship:

Phone: