

LOVELAND INTERMEDIATE SCHOOL  
LOVELAND MIDDLE SCHOOL  
GUIDANCE INFORMATION FORM

Welcome to Loveland City Schools! By supplying the information requested below you will greatly enhance the staff's efforts to make your child's school adjustment a smooth one. This information is considered confidential and will be available only to professional school personnel who work with your child. Thank you for your cooperation.

Robin Schneider and Kim Shafer  
LIS/LMS Counselors

Child's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name Child Prefers to be called: \_\_\_\_\_

Number of Siblings in Family: \_\_\_\_\_ brothers \_\_\_\_\_ sisters

Have any of the following events affected your child within the last year?

\_\_\_\_\_ Death in Family \_\_\_\_\_ Birth of Sibling \_\_\_\_\_ Divorce \_\_\_\_\_ Hospital Stay

\_\_\_\_\_ Upsetting Experience \_\_\_\_\_ Accident \_\_\_\_\_ Other

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last School Attended \_\_\_\_\_ Grade \_\_\_\_\_

Special programs or classes child was enrolled in at former school, such as: Gifted Class, Speech, IEP/504 Plan, Title I Reading/Match, etc. \_\_\_\_\_

Does your child have difficulty with any of the following? \_\_\_\_\_ Reading \_\_\_\_\_ Speech

\_\_\_\_\_ Hearing \_\_\_\_\_ Math \_\_\_\_\_ Printing/Writing

Any physical problems or handicaps? \_\_\_\_\_

Is child taking any medications or receiving any therapy? \_\_\_\_\_

Concerns you have in regard to your child and the experience of school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_