

# Loveland City Schools 1 - 4 Guidance Information Form

Welcome to Loveland City Schools! By supplying the information requested below, you will greatly enhance our staff's efforts to make your child's adjustment a smooth one. Our goal is to match your child's overall learning needs and preferences to an appropriate classroom environment. This information is considered confidential and will be available only to professional school personnel working with your child.

Today's Date: \_\_\_\_\_

Student's full and legal name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name student prefers to be called: \_\_\_\_\_ Gender: **M** or **F** Grade: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Last grade Completed: \_\_\_\_\_

Special programs or classes child was enrolled in at former school (e.g. speech, Developmental Disability, Learning Disability, Title 1 Reading, etc.) \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Are natural parents together in family? \_\_\_\_\_ Separated? \_\_\_\_\_ Divorced? \_\_\_\_\_

Have any of the following events affected your child within the past year:

Divorce \_\_\_\_\_ Accident \_\_\_\_\_ Death in the family \_\_\_\_\_ Birth of brother/sister \_\_\_\_\_ Hospital stay \_\_\_\_\_

Upsetting experience \_\_\_\_\_ Other \_\_\_\_\_ Comments \_\_\_\_\_

Does your child have difficulty with any of the following?

Reading \_\_\_\_\_ Math \_\_\_\_\_ Printing/Writing \_\_\_\_\_ Speech \_\_\_\_\_ Hearing \_\_\_\_\_ Attention \_\_\_\_\_

Is this child taking any medication or receiving any therapy? \_\_\_\_\_

Up to this point, how do you feel your child has performed in school?

**READING:** Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

**MATH:** Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

My child's strongest interests are: \_\_\_\_\_

My child's strengths are: \_\_\_\_\_

My child needs to work on: \_\_\_\_\_

My child's special placement concerns: \_\_\_\_\_

Please check any that apply to your child:

\_\_\_ prefers structure

\_\_\_ is very social

\_\_\_ prefers quiet environment

\_\_\_ is very active

\_\_\_ is very sensitive

\_\_\_ has trouble making friends

\_\_\_ has difficulty with self-control

\_\_\_ is very unorganized

\_\_\_ is very shy & quiet

\_\_\_ is very creative

\_\_\_ is easily distracted

\_\_\_ has trouble completing work

\_\_\_ completes work in a timely manner

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_