

Student's Name: _____

SCHOOL HISTORY

Please give the following information. Fill in name of each school **one** time. Indicate any breaks in schooling. Give any information that would help us understand your student's background better.

Age	Grade	Name of School: Location	Language(s) Used
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18+			

Last grade completed: _____ When? _____

Has your child studied English? No Yes How long? _____

Has your child ever received ESL instruction? No Yes Where? _____

Additional information you want us to know:

Student's special interests: _____

In school, student does well in: _____

Special medical problems the school should know about: _____

Does your child have learning difficulties? No Yes

Other: _____

Form filled out by: _____
(Signature) (Date)

Student grade placement (if determined): _____