



Prospective Student Questionnaire

Student Name: _____

Date of Birth: _____

Has your child ever attended a Laveen District School? Yes No

If yes, what school, year, and grade?

School: _____ Year: _____ Grade: _____

Do you have any other children attending this school? Yes No

Name: _____ Name: _____

Has your child ever been retained? Yes No If yes, what grade? _____

Has your child ever been suspended? Yes No

If yes, explain: _____

Please indicate any service your child has received:

_____ Gifted _____ Special Education _____ 504 Plan
_____ Speech/Language _____ Behavioral Plan
_____ Child Referral Intervention _____ Other-please specify: _____

Is your child certified as having a chronic health problem? Yes No

If yes, please specify: _____

Has your child ever been evaluated by a Psychologist/Psychiatrist? Yes No

If yes, where and when? _____

Has your child ever had an IEP? Yes No Date: _____

Does your child have a current IEP? Yes No

If yes, Please specify: _____

Parent Signature: _____

Date: ____/____/____