

# Education Information

Date form completed:	Revised:	Initials:
By whom:	Revised:	Initials:

*Fill in the items below and print this form for your notebook.*

Name of child:	Birth date:
Home address:	Phone:
Grade:	School:
Parent/Guardian:	Home/Work phone:

<b>Special services your child receives:</b>
<input type="checkbox"/> Special education
<input type="checkbox"/> 504
<input type="checkbox"/> Other:

<i>Include copies of the following documents in your notebook:</i>
<input type="checkbox"/> Assessment results
<input type="checkbox"/> Reports written by school psychologist, therapists or others
<input type="checkbox"/> Report cards
<input type="checkbox"/> IEP or 504 plan
<input type="checkbox"/> Accommodations/modifications
<input type="checkbox"/> Achievement test results
<input type="checkbox"/> Notes from previous meetings
<input type="checkbox"/> Grades and progress reports
<input type="checkbox"/> List of effective learning and behavior strategies
<input type="checkbox"/> Behavior plan
<input type="checkbox"/> Letters/email or other written communication with school
<input type="checkbox"/> Written correspondence to and from school
<input type="checkbox"/> Phone log of contacts with school and medical personnel
<input type="checkbox"/> Other:

Professionals involved in child's education			
	Name	Telephone	Email
Hospital:			
Primary teacher:			
Special education teacher:			
School psychologist:			
Physical therapist:			
Occupational therapist:			
Speech/Language therapist:			
Social Worker/Counselor:			
Others:			