



## PLACEMENT INFORMATION – GRADES K-4

Only complete this form if you are registering a student in kindergarten through grade 4.  
The information below will be helpful in placing your child in a classroom. Our goal is to  
match your child's individual needs to an appropriate classroom environment.

Student Name: \_\_\_\_\_  Male  Female

Last school attended: \_\_\_\_\_  
*School Name* *City* *State*

Does your child have a child care provider?  Yes  No  Before School  After School

Is your child:  Left-handed  Right-handed

Does your child play well with other children?  Yes  No Does your child relate well with adults?  Yes  No

Does your child have any speech, hearing or visual problems?  Yes  No

If "yes", please explain: \_\_\_\_\_

Does your child have any health problems (allergies, medical, physicals, medication, etc.)?  Yes  No

If "yes", please explain: \_\_\_\_\_

Does your child have any dietary restrictions?  Yes  No

If "yes", please explain: \_\_\_\_\_

Has your child ever received any supports outside of his/her regular classroom?  Yes  No

If "yes", please explain: \_\_\_\_\_

Has your child ever had an IEP (Individualized Education Plan)?  Yes  No

If "yes", what type: \_\_\_\_\_

Please describe your child's attitude toward his/her new school experience: \_\_\_\_\_

\_\_\_\_\_

Please describe how your child adapts to new situations: \_\_\_\_\_

\_\_\_\_\_

Please describe your child's behavior at home: \_\_\_\_\_

\_\_\_\_\_

Please describe behavior techniques that are most effective for your child: \_\_\_\_\_

\_\_\_\_\_

Please describe the environment in which you feel your child would be the most successful: \_\_\_\_\_

\_\_\_\_\_