



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): \_\_\_\_\_