



650 Kawkawa Lake Road, Hope, B. C. V0X 1L4

Student Services
Phone (604) 869-2411
Fax (604) 869-7400

SCHOOL INFORMATION FORM

GENERAL INFORMATION

Student Name: _____ DOB: _____

Teacher: _____ Grade: _____ Date: _____

What is it you hope to learn about this child: _____

LEARNING DIFFICULTIES/CHALLENGES

Please describe briefly and/or attach work sample

Reading: _____

Math: _____

Writing: _____

Does the student have attention and/or focus difficulties? _____yes _____no If yes please describe: _____

Does the student have difficulty with motor planning? _____yes _____no If yes please describe: _____

Does the student have behaviour issues? _____yes _____no If yes please describe:_____

Does the student have an IEP in place? ___yes___no _____adapted _____modified

Please list adapted subjects and modifications that are in place:_____

Is attendance a problem? _____yes _____no Please attach a copy of attendance if yes.

Outline briefly student's school or social history as well as any known medical concerns:_____

What learning interventions have been implemented to help this student academically?_____

What has been successful?_____
