# New Student Interview

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| **Name of Student** |  |
| **Date of Birth** |  |
| **Name of Immediate Past School** |  |
| **Address (Street, City, State, ZIP)** |  |
| **Principal** |  |
| **Most Recent Teacher** |  |
| **How many schools has your child attended since first grade?** |  |
| **Reason for leaving the two most recent schools** | 1.2. |
| **Last Grade Completed** |  |
| **Current Grade** |  |
| **Has your child ever been retained?**  | * Yes – when and where:
* No
 |
| **Has your child ever been home schooled? If yes, what grades** | * Yes – Grades \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
 |
| **General Achievement Level (as indicated by most recent achievement tests or grades)** | * Below Average
* Average
* Above Average
 |
| **What learning problems does this child have?** |  |
| **Has the student been placed in special education previously?** | * Yes – If yes, please indicate:

Tested by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of special ed placement:* Mainstream with accommodations/ modifications
* Pull-out (isolated classes)
* Resource (less than ½ of school day)
* Special Day (more than ½ of school day)
* No
 |
| **Does your student have an IEP?** | * Yes – If yes, please indicate:

Accommodations indicated:Modifications indicated: |
| **Does your child take prescription medication:** | Name of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Frequency of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Has your child been:** |  Suspended:* Yes – please explain:
* No
 | Expelled:* Yes – please explain:
* No
 |
| **Parent Certification** | I hereby certify that the information contained in the New Student Interview is true and correct to the best of my knowledge. I agree to have any of the statements verified, and authorize the references listed to provide the school any and all information concerning the applicant. I understand that any misrepresentation, falsification, or material omission of information concerning this student may result in dismissal of the student from school.Since non-public schools are not mandated or equipped to provide Special Education, this school retains the right to determine if it is able to meet the individual needs of the applicant. I understand if it is determined the student cannot be served adequately by this school, recommendations for alternative educational placement will be made, and/or the student may be asked to withdraw at any time.I give permission and consent for you to receive copies of all school records, including special education records.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Parent/Guardian Signature Date* |

**This school receives no federal funds and is therefore not subject to the IDEA, ADA, and Section 504 of the Rehabilitation Act of 1973**

**For more information, please refer to the REACH Resource Manual prepared by the North American Division Office of Education**



Northern California Conference

Office of Education