# 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