ST. MARGARET MARY
CATHOLIC SCHOOL

STUDENT EDUCATIONAL BACKGROUND FORM

One Form per child - To be completed by parent/guardian

Student Name: _____ Age: _____ Grade: _____

Previous School/Program: _____

Reason for transfer: _____ New to Area _____ New to Parish Other _____

Has your child ever been retained? NO or YES If yes, what grade level: _____

Has your child ever been referred, evaluated, and/or placed in a special education program? YES or NO

If YES, please complete BOX A ***If NO, please complete BOX B***

BOX A – Please check all that apply:

SPECIAL PROGRAMS:

_____ Behavioral Disorder
_____ Cross Categorical
_____ Early Childhood
_____ Educable Mentally Handicapped (EMH)
_____ Emotionally Disturbed
_____ Gifted
_____ Hearing Impaired
_____ Learning Disabled (Self Contained)
_____ Physically Handicapped
_____ Trainable Mentally Handicapped (TMH)
_____ Visually Impaired
_____ Other Individualized Instruction – please explain on back of this form.

SPECIAL THERAPIES:

_____ Occupational Therapy
_____ Physical Therapy
_____ Speech Therapy

BOX B – Please check all that apply:

_____ Regular Division With No Services

_____ Regular Division with the following services-***please check all that apply:***

_____ Disciplinary Problems
_____ Learning Disability Resource
_____ Occupational Therapy
_____ Physical Therapy
_____ Speech Therapy

Are special medications required during the school day? YES or NO

If yes, please request school medical authorization form – thank you.

I understand that a temporary grade placement may be made until all academic and special education records are received by this school. Permanent grade placement may be made after a review of all records and an evaluation of academic performance.

_____ _____

Parent/Guardian Signature Date