



Registration/Information Form

Student's name _____ Date _____
Age _____ Grade _____ Date of birth _____ Place of birth _____ Gender _____

Current school _____

Previous schools and grades attended: _____

Has student repeated/skipped a grade? _____ If so, when? _____

Reason for referral to Raskob/ In what subject areas does the student have difficulty? _____

Please share student's special interests: _____

Please submit most recent report cards and STAR testing results.

Is student receiving counseling or psychological therapy? If so, what are the issues that are being addressed?

Is student receiving special education? _____

If so, how long has he/she received special education? _____

What special education services is your student currently receiving (e.g. – resource room, special day class, nonpublic school, speech and language therapy, occupational therapy, etc.)? What services has he/she received in the past?

What is your student's eligibility category for special education? _____

If student is receiving special education, please submit current and the last two years of IEPs, progress reports, annual reviews, etc.

If student is not currently receiving special education but has received special education in the past, when did he/she receive it and what were the identified areas of need? _____

If psychological/neuropsychological testing and/or psychoeducational evaluations are available, please submit these.

Please indicate if your child is receiving/ has received private educational services (tutoring, educational therapy, speech and language therapy, occupational therapy, etc.). How frequent are/were they? What areas are being/were addressed? When and where are/were these services received?

CONTACT INFORMATION

Parent Name _____

Parent Name _____

Street _____

Street _____

City, State, Zip Code _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____

Home Phone _____ Cell Phone _____

Work Phone _____ Profession/place of work _____

Work Phone _____ Profession/ Place of work _____

email _____

email _____

Are both parents residing with the child? _____ If not, child primarily lives with _____

If divorced or separated, please share relevant details (custody and caretaking arrangements): _____

If remarried, list name and phone numbers of step-parents/s: _____

In family, child is # _____ of _____ children

Name of pediatrician or other significant medical practitioner who sees student regularly:

Please submit **Emergency Contact** form.

Is your student currently taking any medications (type/ dosage)? _____

Are there any significant medical conditions that will need to be attended to while student is receiving educational therapy? If so, what are these and what special interventions will be needed? _____

Additional information you believe to be relevant _____

Signature: _____

Relationship to student: _____