

**Tolt Middle School
Entry Questionnaire**

Student _____ Grade _____

Birth Date _____ Home Phone _____

Previous School Attended _____

Has your student ever attended school in the Riverview School District? _____

What Math class did your student take during the last school year? _____

What Math class was your student scheduled to be in for this school year? _____

Has your student ever been enrolled in?

Special education (IEP) _____ yes _____ no
LAP (Learning Assistance Program) _____ yes _____ no

If so, in what area(s) did your child receive help?

_____ Reading _____ Written Language _____ Math

Has your student ever received services for?

Speech/Communications _____ yes _____ no
Social Worker or Counselor _____ yes _____ no
Behavior Specialist _____ yes _____ no
School Psychologist (testing) _____ yes _____ no
English as a second language (ESL) _____ yes _____ no

Has your student ever been expelled? _____ yes _____ no

For what reason? _____

When? _____

Has your student ever been suspended? _____ yes _____ no

For what reason? _____

When? _____

Is there anything else you would like us to know about this student? _____

Parent Signature _____ Date _____