

**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 _____