

## Student Background Information

Child's Name: \_\_\_\_\_

1. Did/ does your child attend preschool?     yes     no

Name of Preschool \_\_\_\_\_

Number of Years of Preschool: \_\_\_\_\_

Days per Week: \_\_\_\_\_

Total Hours per Week: \_\_\_\_\_

*If you have any report  
of your child's progress  
in their current program,  
please send a copy  
with your name attached to:*

Artman Elementary School  
343 N. Hermitage Road  
Hermitage, PA 16148

2. After spending time working with your child on pre-kindergarten skills, are you concerned about his/her progress?

Yes, please explain

No

3. Has your child's preschool teacher expressed concerns to you about his/her progress?

Yes, please explain

No

4. Did your child receive any special services (i.e. Physical Therapy, Occupational Therapy, Speech Therapy)?

Yes, please explain

No

5. Did your child receive any special services (i.e. T.S.S./Wraparound Services)?

Yes, please indicate number of hours and agency

No

6. Are there any custody or guardianship papers that the school needs to be informed of?

Yes, please provide copies

No

*\* Any change in status needs to be reported to the Artman Office immediately to avoid any conflict regarding your child.*

7. Please List Names of Student's Siblings

Age

Date of Birth

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