Student Information Sheet

Student Name:	
Nickname (name he/she goes by):	
Birthdate: Student e-mail:	
Guardian 1: Relation to student:	Guardian 2: Relation to student:
Phone Number: E-mail:	Phone Number: E-mail:
Preferred method of contact: Phone call E-mail	Preferred method of contact:
Who should I contact first about your student's progress?	
What are your child's strengths or special abilities?	What motivates your child? (both behaviorally & academically)
What are your child's weaknesses or fears?	there anything else I should know in order to best work with your child?

Guardian Signature: _____