



Names, ages (w/ DOB), & relationships of other household residents	Names, ages (w/ DOB), & relationships of other household residents
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Emergency contact (other than a parent):

\_\_\_\_\_

*(name)*                      *(relationship)*                      *(number)*

Emergency contact (other than a parent):

\_\_\_\_\_

*(name)*                      *(relationship)*                      *(number)*

Student's current school

\_\_\_\_\_

Previous schools/grades attended

\_\_\_\_\_

\_\_\_\_\_

Student's medical concerns/allergies and current medication

\_\_\_\_\_

\_\_\_\_\_

Describe your child. Please include place in the family, personality, likes and dislikes.

Describe your child's strengths.

Describe your child's challenges.

List areas you feel your child needs remediation. Examples may include math, reading, spelling, writing, social skills, life skills (money, tying shoes, telling time).

What accommodations do you and others find helpful for your child?

What do you feel HCA has to offer your child?

What are your hopes for your child?

Is there anything else you wish to share about your child or your family?

\*Attach most recent psycho-educational reports.