

School

	Phone	Grades Attended
Address	City	State

Name of your child's last teacher: _____

B. Has your child. . . (additional paper may be used for answers)

1. Ever been tested by the public school or by a qualified educational psychologist for a learning disability?

Yes ____ **No** ____

*If yes, was your child diagnosed with a learning disability or physical problem that affects his/her academic achievements? **Yes** ____ **No** ____*

If yes, please explain. All testing records must be included with this application.

2. Ever had any physical, emotional or attention problem which requires special medication or limited participation in certain activities? **Yes** ____ **No** ____ (If yes, please explain.) _____

3. Ever been suspended from school or been placed under any disciplinary action plan? **Yes** ____ **No** ____

If yes, please explain. _____

C. Student Focus

Please discuss your child's strengths and challenges in the following areas:

Intellectual

Strengths: _____

Challenges: _____

Emotional

Strengths: _____

Challenges: _____

Behavioral

Strengths: _____

Challenges: _____

D. How does your child respond to spiritual training? _____

Father's Signature

Date

Mother's Signature

Date