

Crook County Middle School
STUDENT INFORMATION

Student Name _____ grade _____
Birth date _____ male female

YES NO

Is student currently in Foster care? _____

Has an IEP- Special Education: _____

- Hearing _____
- Speech _____
- IEP Current/Active _____

Please circle

Reading/Writing Math Behavioral

504 SERVICES _____

Special Health Conditions or Allergies _____

If yes, please specify

Medication _____

Condition and type of medications

Has your child had Chicken Pox _____

Date _____

Alternate Placements (circle please) _____

Cascade Child Center BIC

Home Schooling Tutoring

Has your student been expelled
from school at any time? _____

ESL (English as a Second Language) _____

TAG (Talented and Gifted) _____

Student Strengths/ Hobbies/ Interests/ Sports
