

2. PARENT'S/STEPPARENT'S/GUARDIAN'S NAME: _____

Age: _____ Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Educational Background

High School: _____ Number of Years Completed: _____

College: _____ Degree: _____

Graduate Study: _____ Degree: _____

Occupation: _____ Employer's Company Name: _____ Telephone: _____

Employer's Address: _____

Street

City

State

ZIP

Marital Status of Parents: _____

(Married, divorced, separated, etc.)

NAME:

BIRTHDATE:

Other Members of the Household:

Children (oldest first): _____

Maternal & Paternal Grandparents (Please list names and addresses):

NAME:

ADDRESS:

List any adults in addition to parents who live in the family home with the Benchmark candidate.

NAME:

RELATIONSHIP:

SCHOOL HISTORY:

Present School: _____ Grade: ____ Date Enrolled: _____

Address of Present School: _____

Other Schools: _____ Dates of Enrollment: _____

_____ Dates of Enrollment: _____

_____ Dates of Enrollment: _____

School District of Residence: _____

Age at entrance to kindergarten: _____ Grades skipped: _____ Grades repeated: _____

Has school attendance been regular? ____ (State cause and amount if irregular) _____

Quality of work in present school:

Best subject: _____ Poorest subject: _____ Conduct in school: _____

Student's reaction to present school: _____

Student's reaction to his/her present difficulty with reading or math: _____

In what activities, in or out of school, has he/she been most successful? _____

How much does he/she read voluntarily: _____

What does he/she read? _____

Child's Previous Involvement with Professionals:

BY WHOM:

DATE:

NATURE OF TESTS:

Testing: _____

Remedial Instruction: _____

Counseling: _____

Briefly, discuss the history of your child's difficulty in school:

Why would you like your child to attend Benchmark School? _____

If your child is accepted at Benchmark, what academic expectations do you have for your child? _____

HEALTH HISTORY:

Birth Weight: ___ lbs. ___ oz. Age of mother at birth of child: ___ Conditions at birth: _____

Health in infancy: _____

Age of sitting up: _____ Age of crawling: _____ Age of walking: _____ Age when child began talking: _____

Was this child adopted? _____ If so, at what age? _____ If yes, does the child know?

Diseases, illnesses, and chronic ailments (give details including age and severity):

Accidents: _____

Operations: _____

Current medications: _____

General health now: _____ Last medical check: _____

Pediatrician's Name: _____

Address: _____
Street City State ZIP

Last hearing check: _____ Are glasses worn? _____

Eye Specialist: _____ Last check: _____

Was visual training ever taken? _____