

Congregation B'nai Israel Religious School
Confidential Information 5770 • 2009-2010
(This form is not required, but can help our staff work with your child)

Child's Name _____ Grade _____

Parent's Name _____

Describe what you consider to be your child's strengths and/or weaknesses. (Please include difficulties with attention skills, conceptual skills, motor skills, visual-receptive skills, auditory-receptive skills and automatic skills.)

Is your child receiving specialized support service in or out of the secular school setting? _____ If yes, please list what kind of services and who is the provider? _____

May we have permission to contact the provider of special service, if the need arises? _____

If yes, how can we contact them? _____

Has there been a family event (divorce, death, remarriage, etc.) within the last few years that might require special attention/knowledge? _____

If yes, please _____

Are there any health issues of which the school should be made aware? Is your child taking any medications? _____

Are there any other important facts you would like to share in regards to your child? _____

- This information may be shared with my child's teacher(s).
- Please call me if sharing this information would help my child, but for now this is only for the Director of Education.

Comments _____

Parent's Signature _____ Date _____

*Additional copies of this form can be found at <http://www.bnais.com/documents/00-5770ConfidentialInformation.pdf>