

Congregation B'nai Israel Religious School
Confidential Information 5771 • 2010-2011
(This form is not required, but can help our staff work with your child)

Child's Name _____ Grade _____

Parent's Name _____

Please fill out the questions below to the best of your ability. At CBI, we have no interest in "labeling" students. Rather, the more information we have about our students as learners, the more able we will be to create an enriching learning experience.

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 Lifelong Jewish Learning.

Comments _____

Parent's Signature _____ Date _____