

OCONOMOWOC AREA SCHOOL DISTRICT  
Oconomowoc, Wisconsin

PARENT INFORMATION SCREENING FORM

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Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Grade \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Is English the primary language spoken in your home?  Yes  No

Does anyone in your home speak a language other than English?  Yes  No

If yes, what is the other language \_\_\_\_\_

Does your child understand and speak this language  Yes  No

What language did your child learn when first beginning to talk? \_\_\_\_\_

What language is most often spoken **by the adults** in the home? \_\_\_\_\_

Please indicate if you suspect or are aware of any of the following conditions in your child:

Orthopedically Impaired  Yes  No

Cognitive Disability  Yes  No

Hearing Impairment (uncorrected)  Yes  No

Visual Impairment (uncorrected)  Yes  No

Speech or Language Impairment  Yes  No

Emotional Behavioral Disability  Yes  No

Specific Learning Disabilities  Yes  No

Other Health Impaired  Yes  No

Traumatic Brain Injury  Yes  No

Autism  Yes  No

Significant Developmental Delay  Yes  No

Does your child have an IEP from your previous school district?  Yes  No

Does your child have a 504 plan from your previous school district?  Yes  No

Have there been any recent events that might affect your child emotionally, and thus affect school performance, such as a birth, death, remarriage, etc.? If yes, please explain:  Yes  No

Are there any other points that you would like the school to take into consideration in working with your child?  Yes  No

If yes, please explain:

Has your child been retained for a grade?  Yes  No

What grade? \_\_\_\_\_

Has your child ever been expelled from school?  Yes  No

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Parent Signature

Date

Please return this form at registration or in a way convenient to you. We ask that it be returned even though conditions listed may not exist. Any information given will be treated confidentially.