

STUDENT PROFILE QUESTIONNAIRE 5770 (1 per Child)

Child's Name _____ **Grade** _____ **Class** _____

Below you will find questions that will help us better understand and plan for your child. All information will be kept strictly confidential. We appreciate you completing this form each year.

Weekday school your child attends: _____

Previous Religious School Experience:

Name of School(s) _____ Year(s) attended: _____

Please indicate your child's general skill level in reading Hebrew and provide any additional comments as needed.
_____ No background _____ Knows some letters/sounds _____ "Sounds out" words _____ Reads sentences
Comments: _____

Describe your child's learning strengths (i.e. reading, writing, math, the Arts, how they learn best)

What is your child's favorite subjects/subject matter? _____

Would you describe your child as an introvert or an extrovert? _____

Describe any learning and/or behavioral difficulties your child might have (including reading, writing, attention, listening comprehension, adjusting to new situations, physical activity level, following directions, etc)

Is your child receiving any Special Education services? ___ No ___ Yes

If yes, does your child have an I.E.P. (Individualized Educational Plan) ___ No ___ Yes

Please indicate any special services your child receives:

List any medical concerns you want us to know about, as well as any medications which may impact classroom functioning:

List any environmental allergies, food allergies, or other food restrictions:

List any physical restrictions/limitations your child may have:

In general, describe your child's feelings about his/her Religious School experiences:

THANK YOU FOR YOUR TIME IN PROVIDING US WITH THIS INFORMATION