

# Mechanicville City School District TEACHER DATA SHEET

<b>Student Information</b>		
Student's Name:	Grade:	Date:
Student lives with: <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian/Other: _____		
<b>Academic Information</b>		
Names and Addresses of Previous Schools Attended (list most recent first):		
Name of School:	Phone Number:	
Address:	Previous Teacher's Name:	
	Month/Year Attended: From _____ to _____	
Name of School:	Phone Number:	
Address:	Previous Teacher's Name:	
	Month/Year Attended: From _____ to _____	
Has your child ever been retained:	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what grade?	
Does your child presently receive Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child have an IEP or a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have they in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child presently receive Academic Intervention Services for:		
<input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies		
Does your child presently receive:		
<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy		
Have they received these services in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		
Has there been a recent change in your family (parent separation, death, birth, hospitalization)? If so, please explain:		
Does your child receive counseling services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		

**TURN OVER**

<b>General Academic Levels</b>					
	Advanced	Average	Developing	Comments	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Sibling Information</b>					
Name (first & last)	Sex	D.O.B.	Living in the home?	Grade	School Attending

\_\_\_\_\_  
**Parent/Guardian**  
**(Please Print Name)**

\_\_\_\_\_  
**Parent/Guardian Date of Birth**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date Signed**