

East Hartford Public Schools Parent Questionnaire



STUDENT

NAME: _____ **SCHOOL:** _____ **GRADE:** _____

Welcome to the East Hartford Public Schools! In an effort to help your student(s) make a smooth transition to his/her new school, please complete the following:

		YES	NO
1.	Does your child receive any support services?		
	English as a Second Language		
	504 Plan		
2.	Was your child ever enrolled in an ESL or bilingual program?		
3.	Is your child receiving special education and/or related services?		
	Speech/Language Therapy		
	Occupational/Physical Therapy		
4.	Does your child wear glasses/contacts?		
5.	Does your child use a hearing device?		
6.	Is your child currently participating in an alternative education program?		
7.	Does your child have any significant medical concerns (blue form)? (Please explain)		
8.	Is there anything you would like to share with us about your child?		

		YES	NO
9.	Has your child ever been expelled from school? (Documents required for Pupil Personnel Services)		
	Expulsion Start Date:		
	End Date:		
	School and Town Expelled from:		
	If available: Contact Name and Telephone Number:		

Print Parent Name

Parent's Signature

Date