

# Leawood Elementary New Student Profile Form

## Welcome to Leawood!

Please complete the following information to help us get to know your student better.

Student name \_\_\_\_\_ Gender \_\_\_\_\_ Current grade \_\_\_\_\_

Previous school attended \_\_\_\_\_  
(name and location)

Person completing form \_\_\_\_\_ Relationship to student \_\_\_\_\_

Select **one box from each row** that most closely describes your child:

<input type="checkbox"/> <b>Above Grade Level</b> <ul style="list-style-type: none"><li>• Performs as a <u>high</u> achiever</li><li>• Works independently</li><li>• Meets/exceeds overall standards consistently</li></ul>	<input type="checkbox"/> <b>At Grade Level</b> <ul style="list-style-type: none"><li>• Performs steadily with <u>average</u> motivation</li><li>• Usually works independently</li><li>• Meets overall standards consistently</li></ul>	<input type="checkbox"/> <b>Needs Support</b> <ul style="list-style-type: none"><li>• Performs <u>inconsistently</u>, <u>lacking</u> motivation</li><li>• Requires excessive teacher attention</li><li>• Generally performs below overall standards</li></ul>
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Please circle your child's current level of achievement in each area. Adding comments is very helpful:

**READING:**    Above Grade Level    At Grade Level    Needs Support  
Comments

**WRITING:**    Above Grade Level    At Grade Level    Needs Support  
Comments

**MATH:**    Above Grade Level    At Grade Level    Needs Support  
Comments

Has your child ever received Special Education services or other interventions or support?  Yes  No  
If yes, please mark all that apply:

- Retention    IEP    504 Plan    ELL    LP    Read Plan    ALP    Speech/Language    Rtl  
 Medical Needs    Social/Behavioral Support    Physical Support    Motor Support    Other

What additional information would be helpful as we begin to work with your child?

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