

Successful School to School Transitions:

Student and Family Questionnaire

Directions: Completed forms can be submitted to your child's sending teacher, to be shared and reviewed with the receiving school prior to, or at, the transition meeting.

Student's Name: _____ Birthday: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Preferred communication: in-person email telephone no preference

--- Family Background ---

Home Language: _____

Household members/siblings & sibling age:

Pets: _____

Special Holidays and Events Celebrated at Home:

Siblings in PSD? Y N School: _____

Current School: _____ Case Manager _____

- Related Services: Speech and Language
 Physical Therapy
 Occupational Therapy
 Vision
 Other _____



Student: Please tell us about yourself.....

What are your favorite things to do at home? _____

What are your favorite things at school (activities, subjects, friends names, etc.)? _____

Do you have any special interests? _____

Are there things at school or home that you dislike or need support with? _____

Is there anything we need to know about your health? _____



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Parent: Please share about your child...

What are your educational goals for your child? _____

What supports have been beneficial in the past at school? _____

What opportunities would you like for your child at school? _____

How do you think your child learns best? (small group, quiet setting, visual, verbal, etc.)

Please share some successful home behavior strategies:

Do you work with outside agencies? If so, please share: _____

Attach additional information if needed.



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