



**If your child is 6 or older, please complete:**

1. Has your child ever been recommended for special support services?(circle) YES NO

If yes, please explain: \_\_\_\_\_

2. Does your child have an IEP or 504 Plan? YES NO

3. Has your child participated in Early Childhood Intervention? YES NO

4. Has your child repeated any grade? YES NO

5. Does your child have diagnosed learning difficulties in reading? YES NO

6. Does your child have diagnosed learning difficulties in math? YES NO

7. Is your child currently receiving additional help outside the classroom such as tutoring, reading help, ESL services or speech therapy? YES NO

If yes, please explain: \_\_\_\_\_

8. How would you rate your child's experience in school thus far? (circle)

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Unsuccessful		Somewhat Successful		Very Successful

**FUTURE EDUCATION PLANS**

To help us plan for future enrollment, please indicate your intention by checking the *most likely* circumstance.

\_\_\_\_\_ I plan to have my child attend Plato Academy for *preschool only*.

\_\_\_\_\_ I plan to have my child attend Plato Academy through *kindergarten only*.

\_\_\_\_\_ I plan to have my child attend Plato Academy through *8th grade graduation*.

*Plato Academy does not discriminate on the basis of race, religion, national origin or ancestry in the administration of its educational practices or in its admissions and employment practices.*

*We welcome you to Plato Academy!*

