

FRCS STUDENT ACADEMIC FORM

To be completed by parent. Complete one per student.

Student Name _____ Grade _____

Grade point average for the current year: (Please circle one) Jr/Sr High: 4.0 3.5 3.0 2.5 2.0 <2.0

Elementary: A B C D <D

Please rank the following subject in order of your student's relative strengths by placing a "1" in front of your student's strongest subject, a "2" in front of your student's second strongest subject, etc., until all subjects are ranked.

_____ Math _____ Language Arts _____ Science _____ Penmanship (elem)
_____ Social Studies _____ Bible _____ Spelling _____ Art (elem) _____ Music (elem)

Last school attended _____ Duration _____

What do you see as your student's academic strengths? _____

Weaknesses? _____

Has your student ever been recommended for testing, been tested and/or diagnosed for any of the following conditions? Check all that apply. If any are checked, please explain the situation below, giving specific information.

_____ <i>Academically gifted</i>	_____ <i>Developmentally Disabled</i>
_____ <i>Attention Deficit Disorder</i>	_____ <i>Neurological impairment</i>
_____ <i>Dyslexia</i>	_____ <i>Orthopedic impairment</i>
_____ <i>Emotional disability</i>	_____ <i>Speech/language impairment</i>
_____ <i>Hearing impairment</i>	_____ <i>Tourette's Syndrome</i>
_____ <i>Hyperactivity</i>	_____ <i>Visual impairment</i>
_____ <i>Learning disability</i>	_____ <i>Other:</i> _____

Explanation: _____

Has your student ever received special academic help (such as tutoring) or a modified curriculum? Describe.
