



AP 3260-F2

New Student History Form

Student Name:

Date of Birth:
(mm/dd/yyyy)

Parent/Guardian:

Please provide copies of the following:

- PHIN
- Report card from previous school

1. Name of contact person at previous school: _____
2. What grade was the student in at time of transfer/leaving? _____
3. Has the student ever been retained or placed? _____
4. Are there any special placement considerations such as resource or guidance involvement? _____
5. Did this student have educational assistant time allotted to them in or out of the classroom? _____
6. Does the student have a student specific plan (I.E.P. or ALP)? _____

7. Have any of the following specialists been involved with the student?

Guidance Counsellor _____ Speech _____

Occupational Therapy _____ Physical Therapy _____

School Social Worker _____ External Agency _____

Psychologist _____ Other Agencies _____

8. Are there any other important behavior concerns?

9. Are there any family situations of which we should be made aware?

10. Has this student been suspended from school in the past 12 months?

Yes / No

11. Is there anything else we should know about this student (areas of concern/strengths)?