



## Charlotte Public Schools Enrollment Transition Questionnaire

Dear Parents,

Welcome to Charlotte Public Schools! In order to make your child's transition to our school district as smooth as possible, please fill out the following information. Check any that may apply to your child.

Child's Name \_\_\_\_\_

Does your child:

Have a native tongue language other than English?  Yes  No

Is the primary language used in your child's home or environment a language other than English?  Yes  No

If yes, primary language spoken: \_\_\_\_\_

Have any medical conditions? \_\_\_\_\_

Take any medication regularly? \_\_\_\_\_

Do you have any concerns about your child's:

Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Social Skills \_\_\_\_\_ Math \_\_\_\_\_

Reading \_\_\_\_\_ Writing \_\_\_\_\_ Coordination \_\_\_\_\_ Speech \_\_\_\_\_

Has your child ever had special help in:

Speech or Language \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_

Writing \_\_\_\_\_ Social Skills or Guidance \_\_\_\_\_ Other \_\_\_\_\_

Does your child currently have an IEP (Individual Educational Plan)? \_\_\_\_\_

Has your child ever been enrolled in:

Tutoring \_\_\_\_\_ Title One Reading \_\_\_\_\_ Title One Math \_\_\_\_\_

Speech Therapy \_\_\_\_\_ LD Class \_\_\_\_\_ EMI Class \_\_\_\_\_

EI Class \_\_\_\_\_ Other Special Education Services \_\_\_\_\_

What other information do you think we should know to best serve your child?

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_