



**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 any medical conditions? _____

Take any medication regularly? _____

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 Language Spoken: _____

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 with:

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: _____