International Student Intake Interview

(Please complete this form so we may better assist you)

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Age: \_\_\_\_\_\_

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the student (parent/grandparent/guardian, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. At what age did your child begin school? \_\_\_\_\_\_
2. What is the total number of years your child has been in school, starting with grade 1? \_\_\_\_\_\_\_
3. Has your child ever attended school in the U.S.? \_\_\_ No \_\_\_ Yes

If YES, when and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your child studied a foreign language in school? \_\_\_\_ No \_\_\_\_ Yes

If YES, Language \_\_\_\_\_\_\_\_\_\_\_\_ number of years \_\_\_\_\_\_\_\_\_\_

1. Are there any concerns about your child’s health that we should know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has your child had any personal experiences that might have an impact on his/her achievement in school? (if YES, please describe below):

\_\_\_ Three months or more out of school (not including vacations)

\_\_\_ School closings/teacher strikes

\_\_\_ Political events

\_\_\_ Separation from parents/guardians

\_\_\_ Poor attendance

\_\_\_ Repeated one or more grades

\_\_\_ Need to work

\_\_\_ Traumatic experiences

\_\_\_ Frequent moves

\_\_\_ Other

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child have any special interests? (art, music, sports, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Would you like additional information about any of the following:

\_\_\_ Adult Education

\_\_\_ GED

\_\_\_ English classes for adults

\_\_\_ Community College/University admissions

\_\_\_ Medical exams for children/Vaccinations

\_\_\_ Food/clothing/Vision/Hearing support

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_