

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

Grade Currently in \_\_\_\_\_



## INQUIRY FORM

Person Taking Call: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Name of Caller: \_\_\_\_\_

Phone of Caller: \_\_\_\_\_

Email of Caller: \_\_\_\_\_

Relationship of Caller to Student: Mother    Father    Brother    Sister    Other \_\_\_\_\_

Student Name: \_\_\_\_\_

Diagnosis(s) of Student: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ Currently in school? Y N If yes, where \_\_\_\_\_

Male/Female                      Academic Level: Math \_\_\_\_\_                      Reading \_\_\_\_\_

Fully Toilet Trained? Y N

**Reinforcers-** What are they interested in daily?:

\_\_\_\_\_

**Social Skills-** What areas do they struggle with?

\_\_\_\_\_

What areas are their strengths? \_\_\_\_\_

\_\_\_\_\_  
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**Behaviors-** What areas do they struggle with?

\_\_\_\_\_  
What areas are their strengths? \_\_\_\_\_

**Communication-** Verbal/Comm Device/Signs/Non-Verbal

**Biking on their own?** Y N

**Special Diets/Allergies-** \_\_\_\_\_

**Medications-** \_\_\_\_\_

**Receiving Outside or Private Therapies-** Y N \_\_\_\_\_

**Family Information-** Lives with \_\_\_\_\_

**Prior School History-** \_\_\_\_\_

Why are you looking for a new school? \_\_\_\_\_

What are you wanting out of a school for your child? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Payment Options:

\_\_\_ Paying Monthly/Quarterly/Yearly

\_\_\_ Gardiner Scholarship

\_\_\_ McKay Scholarship

NOTES: