
Student Last Name Student First Name

Scheduled Tour: _____ Grade Currently in: _____
Tour Completed: _____
Sent Calendar Invite: _____ Website: _____



Pathways For Life Academy
Preparing for independence in life and learning

INQUIRY FORM

Person Taking Call: _____

Date/Time: _____

School Year Interested in: _____

Name of Caller: _____

Relationship to Student:

Phone of Caller: _____

- Mother
- Father
- Brother
- Sister
- Other: _____

Email of Caller: _____

Student Name: _____

DOB/Age: _____

Diagnosis(s) of Student: _____

Currently in School? Yes No **Where:** _____

Gender: Male
 Female
 Prefer not to say
 Other: _____

Academic Level: _____ **Biking on their own?** Yes No

Math: _____

Reading: _____

Fully Toilet Trained? Yes
 No
 Other: _____

Communication- Verbal
 Communication device
 Sign
 Non-Vocal (gestures/leading/picture exchange system)
Which One: _____

Reinforcers- What are they interested in daily?:

Social Skills- What areas do they struggle with?

Social Skills- What areas are their strengths?

Behaviors- What areas do they struggle with?

Behaviors- What areas are their strengths?

Special Diets/All _____

Medications- _____

Receiving Outside or Private Therapy Yes No

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 FES-UA Scholarship with Step Up for Students