

Bridge Builders Class Assessment

Child's Name: _____

DOB: _____ Age: _____ Grade: _____

Parents' Names: _____

Brothers' and/or Sisters' Names _____

Address: _____ Home Phone: _____

_____ Cell or Pager: _____

Email: _____

Diagnosis: _____

List food allergies: _____

Location of parents at church: _____

Copy of IEP available for class use? YES NO

Behavioral issues to note: _____

Best positive reinforcements for your child: _____

Other information about your child that will be useful for the teachers:

(Please attach a copy of the IEP if available)