

Matthea Ministry Registration

Student Name: _____

Age: _____

Parent's Names: _____

Address: _____

Phone Number: _____

Siblings: _____

School: _____ Grade: _____

Disability Classification: _____

Allergies: _____

Please answer the following questions to help us better serve your child. This will serve as a "quick reference" for teachers working with your child.

Feel free to use more space as needed.

What are your child's strengths and interests? What does your child enjoy?

What should we know about your child's fears or dislikes?

What should we know about your child's communication?

What should we know about your child's behavior?

What should we know about your child's physical strengths & limitations?

What should we know about your child's academic strengths & limitations?

What suggestions do you have that could help us serve your child?