



# Shady Oak Academy

move create grow

## Student Information

\_\_\_\_\_  
First Name                      Middle Name                      Last Name

Male     Female    \_\_\_\_\_  
Date of Birth                      Current Age                      Grade in 2018-2019

## Family Information

### Mother

Marital Status                      Single                       Married                       Separated                       Divorced

\_\_\_\_\_  
Mother's First Name                      Mother's Last Name

\_\_\_\_\_  
Lives with student?                      Street Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Mother's Phone                      Mother's Email Address

\_\_\_\_\_  
Mother's Occupation                      Mother's Employer

### Father

Marital Status                      Single                       Married                       Separated                       Divorced

\_\_\_\_\_  
Father's First Name                      Father's Last Name

\_\_\_\_\_  
Lives with student?                      Street Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Father's Phone

\_\_\_\_\_  
Father's Email Address

\_\_\_\_\_  
Father's Occupation

\_\_\_\_\_  
Father's Employer

Guardian/Primary Caregiver (Someone other than parent that lives with child and provides care) N/A

\_\_\_\_\_  
Caregiver's First Name

\_\_\_\_\_  
Caregiver's Last Name

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

## Custody

Are there any custody agreements regarding this student? \_\_\_\_\_

\_\_\_\_\_  
If yes, please briefly describe the arrangement.

Please provide court documentation of the current agreement to the school office prior to the start of school.

If parents are divorced and remarried, please complete the following information on step-parents:

\_\_\_\_\_  
Stepmother's First Name

\_\_\_\_\_  
Stepmother's Last Name

\_\_\_\_\_  
Lives with student?

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Stepmother's Phone

\_\_\_\_\_  
Stepmother's Email Address

\_\_\_\_\_  
Stepmother's Occupation

\_\_\_\_\_  
Stepmother's Employer

Stepfather's First Name \_\_\_\_\_

Stepfather's Last Name \_\_\_\_\_

Lives with student? \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Stepfather's Phone \_\_\_\_\_

Stepfather's Email Address \_\_\_\_\_

Stepfather's Occupation \_\_\_\_\_

Stepfather's Employer \_\_\_\_\_

Is your child adopted? \_\_\_\_\_

If so at what age was your child at time of adoption \_\_\_\_\_

### Siblings

\_\_\_\_\_  
Name

Male

Female

\_\_\_\_\_  
Age

\_\_\_\_\_  
Name

Male

Female

\_\_\_\_\_  
Age

\_\_\_\_\_  
Name

Male

Female

\_\_\_\_\_  
Age

\_\_\_\_\_  
Name

Male

Female

\_\_\_\_\_  
Age

### Others living in the home

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

### Emergency Contact Information

If neither parent/guardian can be reached,

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

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

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Phone number

### Also Authorized to pick up

In addition to the Parent/Guardian and Emergency contact, I also authorize the following individuals to pick my child up from school:

\_\_\_\_\_  
Additional #1

\_\_\_\_\_  
Additional #3

\_\_\_\_\_  
Additional #2

\_\_\_\_\_  
Additional #4

Academic History

Please list the previous schools your child has attended and grades completed

---

---

---

How does your child feel about school? Which areas does he/she seem to struggle?

---

---

---

Has your child ever had behavior problems in school? Please describe below.

---

---

---

Special Services

Has your child been diagnosed with any of the following?

ADD or ADHD? \_\_\_\_\_

Oppositional Defiance Disorder? \_\_\_\_\_

Anxiety or OCD? \_\_\_\_\_

Autism Spectrum Disorder? \_\_\_\_\_

Other \_\_\_\_\_

If your child is receiving any of the following services privately or in school please list the name of the provider along with the frequency.

Tutoring \_\_\_\_\_

Individual Counseling \_\_\_\_\_

Family Counseling \_\_\_\_\_

Speech Therapy \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

Other \_\_\_\_\_

## Home Environment

### Routine

Please note any unusual or remarkable behaviors at home \_\_\_\_\_

---

---

---

Afternoon and evening schedule/routine \_\_\_\_\_

---

---

---

Extra curricular Activities (Sports, Dance, music lessons, Scouting) \_\_\_\_\_

---

---

---

What do you consider to be your child's strengths? \_\_\_\_\_

---

---

---

What do you find most difficult about parenting your child? \_\_\_\_\_

---

---

---



Please fill out this form and give it to your child's current school and any other provider that you believe could provide needed medical or educational information.

I grant Shady Oak Academy my permission to obtain school records, transcripts, grade reports (report cards and progress reports), and all test results including any standardized tests.

I also grant Shady Oak Academy's staff my permission to speak with teachers, counselors, and other school administrators at my child's school in order to obtain and exchange information as part of the services provided by Shady Oak Academy.

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

-----

To the School or Provider:

Please send all records for the student named above including report cards, test scores, academic testing and evaluation results and health information.

Send to: Shady Oak Academy  
8200 Tumbleweed Trail  
Fort Worth, Tx 76108

Email: [admin@shadyoak.org](mailto:admin@shadyoak.org)  
Fax: 817-549-8384

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



## Confidential Teacher Evaluation

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

As the parent or legal guardian of this child, I waive my right to read this confidential teacher evaluation.

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
Date

Please give this form to your child's teacher. The teacher will then fax, mail or email the form directly to the school office

The student listed above is applying to Shady Oak Academy. Please evaluate the student and respond to the questions below. Your responses are confidential. Upon completion of the form please submit to our school office by fax or email.

### Behavior Checklist

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

Form completed by: \_\_\_\_\_

Scale: 0=Rarely      1=Sometimes      2=Always

	Rarely	Sometimes	Always
Speaks respectfully to teachers and peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps hands/body to himself or his space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds when spoken to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes and expresses emotions appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts "no" for an answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions the first time he/she is asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student has appropriate peer interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Continued-Confidential Teacher Evaluation

---

	Rarely	Sometimes	Always
Communicates wants and needs in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays on task for 10 minutes or longer without prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes eye contact when spoken to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the student's strengths: \_\_\_\_\_

\_\_\_\_\_

Primary concerns regarding this student's academic performance: \_\_\_\_\_

\_\_\_\_\_

Primary concerns regarding this student's behavior: \_\_\_\_\_

\_\_\_\_\_

Is the parents perception of the child the same as the schools? \_\_\_\_\_

Thank you for your feedback! Please feel free to write any additional information below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fax or email this completed form to Shady Oak Academy.

Fax: 817-549-8384

Email: [admin@shadyoak.org](mailto:admin@shadyoak.org)