



Dear Parent/Guardian,

Priority Charter Schools believes in providing the highest quality of education for every student. To meet this goal, we have adopted a three-tiered approach to instruction. This process, known nationally as Response to Intervention or RtI, gained attention when federal laws established these practices as an approach to identify and provide early intervention to struggling students. Each tier provides additional support beyond the core curriculum. Students needing supplemental instruction and/or intervention will be monitored frequently to ensure students meet grade level expectations. Students will continue to participate in the core curriculum even if they need the support of tier two or their three interventions.

Priority Charter Schools recognizes that students learn differently. We are committed to helping all students succeed. Therefore, we ask for your support in implementing this three-tiered approach to meet the academic and/or emotional needs of your child along with all students in our school. In an effort to gather additional data as to help your child, we are requesting that you complete and return the attached packet.

We look forward to sharing additional information as we progress through the school year.

In the spirit of education,

Campus RtI Chair

NON-DISCRIMINATION STATEMENT*

In its efforts to promote non-discrimination, Priority Charter Schools does not discriminate on the basis of race, religion, color, national origin, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.



Directions: PLEASE PRINT all information and return to your child’s teacher.

Student Name: _____ DOB: _____

General Information

Mother’s or Guardian’s Name: _____

Father’s or Guardian’s Name: _____

Primary Address: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____ Email: _____

Do you have legal authority to make education decision for this child? Yes No

With whom does this child live? Both Parents Mother Father Legal Guardian

Father’s Occupation: _____ Mother’s Occupation: _____

List Other Children In The Home			List Other Adults In The Home		
Name	Age	Relationship	Name	Age	Relationship

Health Information

<p>Were there any problems before, during or immediately after birth? If yes, please explain</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Compared to other children in the family, this child’s development (walking, talking) has been:</p> <p><input type="checkbox"/> About the same</p> <p><input type="checkbox"/> Slower</p> <p><input type="checkbox"/> Faster</p>
<p>List any serious illnesses, accidents or hospitalizations</p>	<p>List any medications your child takes daily or weekly</p>



Priority Charter Schools

Tier I – Parent Information - FORM 1A

<p>Is your child under physician's care? If yes, please explain <input type="checkbox"/>No <input type="checkbox"/>Yes</p>	<p>Does your child have any allergies or physical impairments? If yes, please explain <input type="checkbox"/>No <input type="checkbox"/>Yes</p>
<p>Is there a family history of any the following:</p> <p><input type="checkbox"/>Diabetes <input type="checkbox"/>High Blood Pressure</p> <p><input type="checkbox"/>Ulcers <input type="checkbox"/>High Cholesterol</p> <p><input type="checkbox"/>Mental Health Concerns <input type="checkbox"/>Physical Impairments</p>	<p>Does your child use any specialized equipment or technology to improve learning, emotional, behavior, or physical functioning? If yes, please explain <input type="checkbox"/>No <input type="checkbox"/>Yes</p>
<p>Is your child receiving services from another agency? If yes, please explain <input type="checkbox"/>No <input type="checkbox"/>Yes</p>	<p>Is your child receiving Medicaid services? If yes, please explain <input type="checkbox"/>No <input type="checkbox"/>Yes</p>

Social and Emotional Information

<p>What activities does the family do together? (movies, camping etc.)</p>	<p>What does your child do when not in school?</p>
<p>Have there been any important changes within the family during the last three years? (divorce, job loses, etc.) If yes, please explain <input type="checkbox"/>No <input type="checkbox"/>Yes</p>	<p>How does your child react to discipline?</p> <p><input type="checkbox"/>Accepts correction easily</p> <p><input type="checkbox"/>Becomes angry</p> <p><input type="checkbox"/>Becomes withdrawn</p> <p><input type="checkbox"/>Blames others</p> <p><input type="checkbox"/>Shows no emotion</p>
<p>Is your child receiving or have ever received counseling? If yes, please explain <input type="checkbox"/>No <input type="checkbox"/>Yes</p>	<p>How does your child interact with others?</p> <p><input type="checkbox"/>Accepting of others</p> <p><input type="checkbox"/>Separate self from others</p> <p><input type="checkbox"/>Shy around others</p> <p><input type="checkbox"/>Interacts only with children</p> <p><input type="checkbox"/>Interacts only with adults</p>
<p>What time does your child go to bed on school nights?</p> <p>Does your child sleep through the night once in bed? If NO, please explain <input type="checkbox"/>No <input type="checkbox"/>Yes</p>	<p>Does your child have chores or home responsibilities? If yes, please list <input type="checkbox"/>No <input type="checkbox"/>Yes</p>



Priority Charter Schools Tier I – Parent Information - FORM 1A
Education Information

<p>Has your child ever been retained? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what grade(s)?</p> <p>Has your child ever received services from Special Education (<i>including Speech Therapy</i>)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Has the attended any other schools? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name city and state of school.</p> <p>School Name City State</p>
<p>What language does your child speak the most?</p> <p>Does your child have friends at school?</p>	<p>What are your child’s favorite subjects?</p> <p>What subject are the hardest for your child?</p>
<p>Did you child receive early childhood service (ECI) from birth to 3years old? If yes, please provide reason <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Have your child been diagnosed with Dyslexia or any other learning problems? If yes, please explain <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Does your child enjoy coming to school? If NO, please explain <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Does any in the child’s family have emotional or learning problems such as Dyslexia? If yes, please explain <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Do your feel that your child is having problems at school? If yes, please explain <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Is your child receiving any outside of school help with learning? If yes, please explain <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Please use the space below to discuss any other information about your child:

 Signature of Parent/Guardian

 Date

 Signature of person completing form
 (If information was obtained by parent interview)

 Position

 Date