

**Tender Hearts
Student Information Sheet**

Student Name: _____ DOB: _____

Parent's Name: _____

Home Phone number: _____ Cell Phone Number: _____

e-mail: _____

Tell us about your child:

Student's interests/motivators: _____

Please mark any areas in which your child might need assistance:

vision hearing attention
 cognition social development toileting
 mobility other: _____

Please describe any behavioral concerns that might occur (running away, refusal to follow directions, etc.) and any techniques that may be effective with your child to help redirect these behaviors.

What are your goals for you child during Sunday morning classes?

Is there any other information relating to your child that might be helpful to our volunteers?
