

## SCULLY LEARNING CENTER FOUNDATION

### PART I – PARTICIPANT INFORMATION

Please provide confirmation of the Participant's diagnosis(es) with this questionnaire.

Name:
Nickname:
Gender:     ___ Male     ___ Female
Date of Birth:             ___ Age
Address:
Home Phone:
Cell Phone:
Who does the participant live with:
The following person(s) may pick up the participant from Scully Learning Center Foundation:

### PART II – PARENT/GUARDIAN INFORMATION

NOTE: Participant parent(s) must have a strong interest in the goals of Scully Learning Center Foundation and demonstrate their interest via a partnership with SLCF (e.g., volunteering). Scully Learning Center Foundation is NOT a day care facility.

<b>Mother</b> /Guardian Name:	
Address:	
Home Phone:	Cell Phone:
E-Mail:	
Employer:	
Business Address:	Business Phone:
<b>Father</b> /Guardian Name:	
Address:	
Home Phone:	Cell Phone:
E-Mail:	
Employer:	

Business Address:

Business Phone:

**PART III – PARTICIPANT ADDITIONAL INFORMATION**

Please check the strengths and weaknesses that apply:

<u>Personal Trait</u>	<u>Strength</u>	<u>Weakness</u>	<u>Personal Trait</u>	<u>Strength</u>	<u>Weakness</u>
Problem Solving			Family/Home Issues		
Academic Achievement			Computers		
Asks for Help			Makes/Maintains Friendships		
Articulates Feelings/Needs			Negotiates/Compromises		
Attentive in Class			Physical/Medical Conditions		
Attendance/Tardiness			Participates in Class		
Cooperates with Others			Helpful to Others		
Sense of Humor			Vision/Hearing/Language Issues		
Emotional/Behavioral Issues			Listens Well		
Reading			Writing		
Follows Instructions					
Other:	_____				