

Mt. Zion Christian School
EDUCATIONAL BACKGROUND INFORMATION
2010/2011

Child's Name _____ Grade to Enter _____

Has your child had previous testing in the following areas: Psych Evaluation, ADD/ADHD, IQ, Educational Testing through the County/District, Vision, Hearing? YES NO
If yes, please list the date and testing site for each.

Please list any medications taken for attention deficit, behavioral conditions, and/or emotional conditions.

Has your child ever been recommended for retention? YES NO
If yes, when?

Has your child ever been retained? YES NO
If yes, briefly describe the reason for retention.

Parent's Signature _____ Date _____