

## Las Americas ASPIRA Academy Academic Background Survey SY 2024-2025

Student Last Name, First Name

Incoming Grade

Age

For parents of **all** entering students:

1. Does this student have a current Individualized Education Program (IEP)?  Yes  No

**If yes, please provide a copy of the child's IEP to the school by (date)**

2. Has this student previously had an individualized Education Program (Including school-based speech and language therapy)?  Yes  No

If yes, please describe when (what grade levels) and where (at what school) your child had an IEP:

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3. Does this student have a current 504 Plan?  Yes  No

**If yes, please provide a copy of the child's 504 to the school by (date)**

For parents of entering **kindergarten** students only:

Has your child participated in a preschool program?  Yes  No If yes, please describe the program:

Preschool Name & Location (County)	Dates Attended Month/Year- Month/Year	How many days per week did your child attend?

In order for us to learn more about your child before he/she begins school, please tell us if your child **consistently** does the following things:

	Yes	No	Not Sure		Yes	No	Not Sure
Put on his/her coat and zips it up				Puts things away			
Ties his/her shoes				Asks and answers questions			
Takes turns and shares				Washes his/her hands with soap			
Sits quietly and listens				Uses a tissue to wipe his/her nose			
Follows simple directions				Coughs into his/her elbow			
Use the bathroom by him/herself (including zipping and buttoning pants)				Raises his/her hand and waits to be called on			
Puts on his/her backpack				Drinks from a drinking fountain			
Holds a pencil or crayon				Stands in line			
Cuts with scissors				Opens any food containers in his lunch			

Parent/Guardian Name:

Parent/Guardian Signature:

Date: