

Please give **YES** or **NO** answers for the following questions. Briefly explain all **YES** answers.

- Does the child have any problems with separation anxiety? Yes No
- Does the child have any speech or hearing problems? Yes No
- Is the child disruptive, hyperactive or unusually demanding? Yes No
- Does the child take any medication on a regular basis? Yes No
- Has the child experienced discipline or attendance/tardiness problems? Yes No
- Please describe any special skills, interests or pastimes.

Please identify any factors not noted above that could affect the child's academic, social or physical development at school. Do you have any specific recommendations regarding educational approaches which might be helpful with this child?

Please check:	Enthusiastically Recommend	Recommend with Confidence	Recommend with Reservations	Do not Recommend
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Position _____

Name (Please Print) _____ Phone _____

Present address _____

We appreciate your time and consideration in the completion of this form. Thank you!

Please mail to:

**Admissions Director
Independent Day School
12015 Orange Grove Drive
Tampa, Florida 33618-3699**

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