

BOWMAN SCHOOL
New Student Information Form
School Counseling Services

Thank you for completing the form below, and a sincere welcome to Bowman School. The information you provide will help us get better acquainted with your child. Please feel free to contact me should you like to further share information related to your child's school success.

Bowman Counselor
Bowman School
781-861-2500

Student's Name _____
Grade _____ **Teacher** _____
Parent/Guardian Name _____
Relationship to child _____
Date _____

1. How does your child feel about attending Bowman School? How easy or difficult a transition has it been for him/her as well as for the rest of your family?

2. What schools have your child previously attended? (please list most recent first)

School Name	City/State	Grade(s)	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. How would you describe your child's prior school experiences?

Academically _____

Socially _____

Please turn sheet over for more questions

Emotionally _____

Behaviorally _____

4. In the past, has your child received support services through regular education (i.e. counseling) or through special education (i.e. speech and language)? If so, please elaborate.

5. Has your child undergone any prior educational testing? If yes, are you comfortable sharing those test results and/or reports with school staff?

6. How does your child enjoy spending his/her free time?

7. What situations frustrate or anger your child?

8. What is the best way to approach your child at school if he/she becomes upset and/or anxious?

9. Describe your child's homework routines? Is homework ever a problem?

10. What else do you want us to know about your child?

Thank you, again, for taking the time to complete this form. Please return to Bowman School with your registration information.