

LINDENHURST PUBLIC SCHOOLS

Elementary Entrance Profile Form for Classroom Teacher

To Be Completed by Parent

Pupil's Name: _____ Mother: _____

Nickname: _____ Father: _____

Address: _____ Home Phone: _____ Bus. Phone: _____

Date of Birth: _____ Grade: _____ Entering Date: _____
Month Day Year

Entered From: _____
School City State

Siblings

Name	Grade	Age	Name	Grade	Age

DO NOT WRITE BELOW THIS - FOR OFFICIAL USE ONLY

Home Language Identification Survey Completed: Yes _____ No _____

To Be Completed by Principal

Retained: Yes _____ No: _____ Grade _____

Special Program: Yes _____ No: _____

If Yes, explain: _____

Parent's Signature _____ Date: _____

COMSI Screening: Yes _____ If yes, see attached form.
No: _____ If no, complete this form.

To Be Completed by Nurse

Physical, health or other need that teacher should be aware of _____

To Be Completed by Reading Teacher

Reading: Test _____

Word Attack: _____ Vocabulary: _____ Comprehension Grade Level: _____

Comment: _____

To Be Completed by Elementary Math Specialist

Slosson - Diagnostic Screening

Key Math

Concepts: Grade Level _____ Basic Concept Grade Level _____

Problem Solving: Grade Level _____ Operations Grade Level _____

Calculation: Grade Level _____ Applications Grade Level _____

Comments/Results: _____

To Be Completed by Speech Teacher

Articulation: _____

Language: _____

Distribution:

Original - Teacher

Copy - Cumulative File

Principal's Signature _____

Date _____