

THE ACADEMIC INSTITUTE, INC.

O'Shaughnessy & Associates

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PARENT INFORMATION:

Formal Student Name _____ Nickname _____

Today's Date _____ Home School _____ Grade Level _____

Home Phone # _____ Date of Birth _____ School Counselor _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ WK # _____ HM # _____

Mother's Email _____ Mother's Fax _____

Father's Name _____ WK # _____ HM # _____

Father's Email _____ Father's Fax _____

How did you hear about us? _____

What is the main reason you are here today? _____

If you decide to have your child tutor, take credits or do college consulting with us, this information will help us provide you with personalized support.

What activities is your child involved in outside of school? _____

When your child has an hour or two to spend as he/she pleases, what does he/she like best to do?

List four adjectives that best describe your child. _____

Has your child been tested? _____ When? _____ What did you learn? _____

What are your child's main challenges in school?

Past/Current medications:

Has your child . . .
Been tutored _____ Been in enrichment classes _____ Been in resource room _____ Been academically assessed _____

How does your child learn best?

Who has been the best teacher for your child and why? _____

Where do you see your child five years from now?

Please list your child's siblings, their ages and school attended. _____

Is there anything else you would like to share with us about your son or daughter? _____

MEDICAL RELEASE

All immunizations are currently up to date: Yes _____ No _____

Current medications taken regularly (include dosage and times) _____

My signature below releases The Academic Institute, Inc. of any liability for accident or sickness incurred by the student named above. If my child is injured, The Academic Institute, Inc. is to contact me at the above phone numbers. If I cannot be reached, I understand I will be billed and responsible for any charge occurring in the event that my son/daughter should need any medical attention at any clinic, facility or hospital. I have read and fully understand the above information.

Parent/Guardian Signature _____ Date _____

We are looking forward to designing a program with you and your child which fosters self-determination, skill enhancement and improved school performance. Thank you.