



ACHIEVERS
CENTER FOR EDUCATION

**Screening
Information**

FAX - 210-690-7307
Office - 210-690-7359

Date: _____

Student Name: _____ DOB: _____

School District of Residence: _____

Parent /Guardian Information --

Mother's Name: _____

Father's Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Achievers is not able to serve Life Skills (ALE) students or students who have a history of verbal and/or physical aggression.

Please check all that are characteristic of your child:

- Is a willing participant in the learning process
- Puts forth reasonable effort on school work
- Responds well to positive reinforcement
- Relates well to peers
- Relates well to teachers and other adults
- Difficulty sustaining attention
- Difficulty with written language
- Difficulty with oral language
- Difficulty completing work
- Has a history of verbal and/or physical aggression
- Performs two or more grade levels below in (please list subjects): _____

Diagnosis: _____

Current, verified diagnosis, in writing, and done within the last three years must be included with this Screening Information Sheet.