

**GENESEO CENTRAL SCHOOL REGISTRATION FORM - Elementary**  
**Information needed for Elementary Student Only**

<b>Student's Name:</b>																				
Has your child attended a preschool program? ( )Yes ( )No																				
Name of Preschool:		Dates:																		
Has your child ever been evaluated at a diagnostic clinic? (e.g. Speech, Audiology, Arc)? ( )Yes ( )No																				
Name of Clinic:		Contact Person:																		
Dates:																				
Results:																				
<p><b>Social and Emotional Development:</b> Please check any areas that apply to your child and comment:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Bites nails <input type="checkbox"/></td> <td style="width: 33%;">Joins group activities <input type="checkbox"/></td> <td style="width: 33%;">Prefers to play alone <input type="checkbox"/></td> </tr> <tr> <td>Clings to mom/dad in new Situations <input type="checkbox"/></td> <td>Many friends <input type="checkbox"/></td> <td>Relates well to adults <input type="checkbox"/></td> </tr> <tr> <td>Confident <input type="checkbox"/></td> <td>Moody <input type="checkbox"/></td> <td>Shares easily <input type="checkbox"/></td> </tr> <tr> <td>Cries <input type="checkbox"/></td> <td>Motivated to try something new <input type="checkbox"/></td> <td>Sticks to tasks <input type="checkbox"/></td> </tr> <tr> <td>Daydreams <input type="checkbox"/></td> <td>Nightmares <input type="checkbox"/></td> <td>Sucks thumb <input type="checkbox"/></td> </tr> <tr> <td>Has an even, calm disposition <input type="checkbox"/></td> <td></td> <td>Temper tantrums <input type="checkbox"/></td> </tr> </table>			Bites nails <input type="checkbox"/>	Joins group activities <input type="checkbox"/>	Prefers to play alone <input type="checkbox"/>	Clings to mom/dad in new Situations <input type="checkbox"/>	Many friends <input type="checkbox"/>	Relates well to adults <input type="checkbox"/>	Confident <input type="checkbox"/>	Moody <input type="checkbox"/>	Shares easily <input type="checkbox"/>	Cries <input type="checkbox"/>	Motivated to try something new <input type="checkbox"/>	Sticks to tasks <input type="checkbox"/>	Daydreams <input type="checkbox"/>	Nightmares <input type="checkbox"/>	Sucks thumb <input type="checkbox"/>	Has an even, calm disposition <input type="checkbox"/>		Temper tantrums <input type="checkbox"/>
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<p>Is there anything about your child you would wish to share to help us better understand him/her?</p>          <p>Any special learning concerns or difficulties you would like us to address?</p>          <p>Do you feel your child is especially gifted?</p>																				