



Information Form Summer Learning Place 2009 Furman University

Name of Child: _____

Date of Birth: _____

Name of School: _____

Disability, if any: _____

Grade Placement (2008-2009): _____

Name of Teacher: _____

Resource Self-contained

Other Placement: _____

Name of Parent/Guardian: _____

Home Address: _____

Telephone Number (work): _____

(home): _____

E-mail Address: _____

Gender (of child): Male Female

Assessment Results

Intelligence

Name of Test: _____

Date Administered: _____

Verbal IQ: _____

Performance IQ: _____

Full Scale IQ: _____

Other Psychological Assessments

Name of Test: _____

Date Administered: _____

Results: _____

Achievement Assessments: _____

Special Strength(s): _____

Areas of Need: _____

Teacher's Observations and Recommendations (use back of sheet for additional information): _____

Related Services Received: _____

Mail Release Form by May 22 to: Dr. Shirley A. Ritter, Director
Summer Learning Place
Education Department
Furman University
Greenville, SC 29613-1134

