



PARENT INPUT FORM

Please answer the following questions to help us get to know your child:

Child's Name _____ Date of Birth _____

Parent's Name _____

1. Please comment on your child's current experience in school, socially and academically.

2. Please describe your child's social relationships, ease of separations, level of independence, relationships with adults, and adjustments to new situations.

3. What are your child's current favorite interests and/or activities?

4. Please describe your child's experience with Jewish religion, culture, and tradition.

5. How do you perceive your child's strengths and weaknesses?

6. Are there any special circumstances in your child's medical history, physical growth, family life, or emotional development that would be helpful for us to know?

7. Please list and include any diagnostic testing or evaluations your child has had (medical, educational, or psychological). Please send relevant testing and evaluation documents to: Epstein Hillel School, Attn: Jennifer Stam Goldberg, Six Community Road, Marblehead, MA 01945.

8. What makes Epstein Hillel School a desirable environment for your child and family?

9. Is there anything else you would like us to know about your child?

10. Do you have any specific goals in seeking an Epstein Hillel education for your child?