



Palm Valley Academy Profile Form First-Fifth Grade Students

Student's Name:	Grade Entering: Age: Birth Date:_						
Previous Teacher/School:				Gender: M F			
1. Health Concerns/Conditions/Illnesses?							
2. Is your child in any Special Programs?	Does you	ır child hav	e an IEP? Ye	s or No			
ESE504RTIESOL/ELL	_Gifted _	Speech _	Language	OT	_PT	Othe	
3. Child's Learning Environment: Check describe your child:	off up to	three chara	cteristics belov	w, which	you feel BES	ST.	
Acquisition: Likes to read, listen to pre	sentations	s, watch vide	os or demonst	rations.			
Discussion: Likes to participate in class,	express ide	eas, answer q	uestions, give sp	oeeches/j	presentations.		
Investigation: Likes to explore, experin	nent, rese	arch, play g	ames, learn thr	ough ha	nd-on activitie	s.	
Practice: Likes or needs to be given tir	me and re	petitive activ	rities to master	material	l.		
Collaboration: Likes to work in groups.							
Production: Prefers to work independe	ently.						
Creativity: Likes projects that allow for	creative e	expression.					
Challenge: Thrives in a competitive/ch	allenging	environmen	t.				
4. Child's Social and Emotional Traits (describe:	•				Independent		
5. Which subjects does your child excel 6. Which subjects does your child need 7. What interests your child?	develop	ment in? _	Reading _	Math	n Other:		
8. What motivates your child?							