BEST Virtual Program Student Profile

STUDENT INFORMATION

Legal Name _____ Grade _____
Last First Middle Suffix (Jr., Sr., etc.)

What subjects does your child excel in? _____

_____

_____

What subjects does your child struggle in? _____

_____

_____

Are there any specific areas that you would like your child to focus on during free time (i.e. reading, math exercises etc.)?

_____

_____

Are there any websites that you wish to prohibit your child from looking at while on break (i.e. Social Media, YouTube)?

_____

_____

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

_____

_____

Does your student have an Individual Education Plan (IEP)? ☐ Yes ☐ No

Does your student have a 504 accommodation Plan? ☐ Yes ☐ No

Parent Signature **Date**

_____ _____