



Since 1983

SWAN SCHOOL

Creative Independent Education

REFERRAL QUESTIONNAIRE

To be completed by parent:

Student's Name: _____

Year(s) Enrolled: _____ Grade(s): _____

I give my permission for the information provided below to be shared with Swan School.

Parent/Guardian Signature: _____

To be completed by teacher:

Teacher's Name(s): _____

School: _____

Please comment on the following areas as this child experienced them in your class:

Learning Style: _____

Social Skills:

Playground: _____

Classroom: _____

School Skills

Independence: _____

Cooperation: _____

(over)

Instructional Adaptations: _____

Motor Skills

Gross: _____

Fine: _____

Academics

Math: _____

Reading: _____

Writing: _____

Talents/Special Interests: _____

Other Comments/Observations: _____

Please feel free to return this form directly to:

Swan School
2345 Kuhn Street
Port Townsend, WA 98368

If you have any questions, contact us at 360-385-7340 or email info@swanschool.net.