



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](mailto:info@swanschool.net).