



Temple Emanu-El

STUDENT PROFILE QUESTIONNAIRE

2009-2010

Grade _____

Child's Name _____

Please help us to better serve your child/ren by answering the following questions as completely as you can and returning it to Rabbi Nemhauser or the Religious School office. All profiles will be shared with your child's teachers and kept confidential. You may duplicate this form as needed or complete answers on a separate sheet.

1. What would you consider to be your child's strongest learning style, i.e. is s/he mostly an auditory or visual learner? **How does your child learn best?**
2. Is a timer a positive or a negative for your child?
3. Please describe any types of modification that is in place for your child in the regular classroom.
4. Is there a classroom modification that your child is used to that might help your child learn in religious school?
5. How does your child feel about attending religious school this year?
6. How would you describe your child to someone who had never met him/her?
7. If your child has attended religious school in previous years:
How has your child felt about religious school in past years?

What experiences in religious school has your child talk about the most?

8. Please write any additional comments below that you think would assist us in the education of your child.
9. If there is something your child's teacher should be aware of please list your email and phone number here so that the teacher may contact you.

Teacher, please call me at _____ for further information.

Thank you for sharing this information! We are looking forward to a great year.



EMERGENCY/MEDICAL/PERMISSION RELEASE INFORMATION

Please complete THE ENTIRE form. This information will help the religious school to provide the appropriate care for your child during religious school hours and in the case of any emergency. This form also contains release for video taping and photographing. All information will be considered CONFIDENTIAL and will only be shared on a need to know basis.

2009-2010

CHILD'S NAME _____ **GRADE** _____

I give permission for the school to release my child to the following people in case of an emergency:

PRIMARY EMERGENCY CONTACT

SECONDARY EMERGENCY CONTACT

Name: _____

Name: _____

Phone Number: () _____

Phone Number: () _____

Relationship to Child/Parent: _____

Relationship to Child/Parent: _____

VIDEO TAPING / PHOTOGRAPHING RELEASE

I give Temple Emanu-El permission to VIDEO TAPE my child. Yes No

I give Temple Emanu-El permission to PHOTOGRAPH my child for use in school/local publications. Yes No

MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN INFORMATION:

Name: _____ Hospital: _____

Phone Number: () _____

Are all of your child's school immunizations/vaccines up to date? Yes No

Does your child have a chronic or recurring illness/ condition? (diabetes, asthma, migraines, seizures, etc.) Please explain. _____

Does your child routinely take any medication? (Ex: Claritin, Tylenol, insulin, Ritalin, etc.) Please list below.

Does your child need to have any medication with him/her during religious school hours? (Ex: Epi-pen, insulin, inhaler, etc.) Please list the types of medicine and instructions.

Does your child have any allergies? Please list all types below.

Drugs: _____

Food: _____

Other: _____

All information listed above is accurate and correct to the best of my knowledge. On behalf of myself and the child named above, I do hereby release Temple Emanu-El, its employees and the Religious School staff from any liability, expense or damages associated with any illness/injury suffered by my child directly or indirectly as a result from any emergency situation at school or the dispensing of any prescribed medication (or failure thereto) on the behalf of my child.

Parent/Guardian's Signature

Date