



**STUDENT SERVICES**

94 Panther Drive  
Yazoo City, MS 39194

**Gloria Jamison, Director**

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Student: \_\_\_\_\_

Informant: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Age: \_\_\_\_\_

Medical Update: Have there been any recent changes in your child's medical history, such as recent diagnosis of a medical condition, change in medication?

Has your child recently had his/her vision tested? Where? When?

Has your child recently had his/her hearing tested? Where? When?

Does your child receive any related services outside of the school setting (Speech/Language, OT, PT, counseling)? If yes, please provide contact information.

List any extracurricular activities in which your child participates. (church, sports, etc...)

Do you have any further information you feel the school needs to know in order to best serve your child?

Life Events/Family Transitions: Have there been any life events or changes within the family that may be impacting your child's performance at school? (death of family member, move to different home, change of caregiver)

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