

Please
Attach
Photo
Here

Applicant Information for Enrollment Consideration

Date of Application: _____

Desired Date of Admission: _____

Desired Grade at Admission: _____

Students Name: _____ Age: _____ Current Grade: _____

Sex: M F Date of Birth: _____

Address: _____
No/Street City State Zip

Home Phone: () _____ Cell Phone: () _____ Primary Email Address: _____

How did you learn about, The Novus Academy? _____

Family Information

Fathers name and title: _____ Employer: _____

Address: _____
No/Street City State Zip

Home Phone: () _____ Cell Phone: () _____ Primary Email Address: _____

Mothers name and title: _____ Employer: _____

Home Address: _____
No/Street City State Zip

Home Phone: () _____ Cell Phone: () _____ Primary Email Address: _____

Parents are: Married Divorced Separated Widowed Father remarried Mother remarried

Name(s) of Step-parent(s) _____

With whom does the applicant reside? _____ Legal Guardian: _____

Please list siblings by name and age:



School Information

School currently attending: _____ Dates of attendance: _____

Grades completed: _____

Please list other schools attended.

School	Dates attended	Grade

Has the applicant ever been dismissed or suspended from school? No Yes Date: _____

Explain: _____

Has the applicant ever repeated a grade? No Yes Which Grade(s)? _____

Explain: _____

Medical Information

List the applicant's medical conditions, if any: _____

Is your child currently receiving any medication? No Yes.

List medications and associated condition: _____

Has your child been diagnosed with any learning difficulties? No Yes.

Please list any diagnosed learning difficulties with date and name of professional providing diagnoses:

Is there any history of behavioral difficulty in relationship to family or peers or in an academic setting? Please describe:

If your child has ever been under the care of a psychologist/psychiatrist, counselor or therapist, please state the reason, the names of the providers and dates of service.

1: _____

2: _____

Has your child ever been hospitalized for emotional or behavioral difficulties: No Yes.

If yes please explain, including provider and dates of service.

1: _____

2: _____

PARENT STATEMENT

The Novus Academy believes that education is a partnership between the student, the family, and the school. Please answer the following questions so that we may have a parent perspective on strengths and needs of your child. Feel free to attach additional sheets.

What are your child's strengths?

1: _____

2: _____

What are your child's areas of greatest need?

1: _____

2: _____

What are your child's hobbies or interests?

What academic goals do you have for your child? How do you think The Novus Academy can assist your child and your family in meeting these goals?

1: _____

2: _____

What type of commitment do you as a parent make to your child's education? i.e. attending parent conferences; maintaining lines of communication; supervising homework as needed; volunteering; etc.

1: _____

2: _____

Parent Signatures:

Print name: _____

Signature: _____

Date: _____

Print name: _____

Signature: _____

Date: _____



APPLICANT STATEMENT

This portion is to be completed by students applying for **Grades 4-12**. Please complete this form in your own handwriting if possible. You may dictate your answers to another person if that's more comfortable (use additional sheets if needed).

Share three things you like about your current school: Please explain why you like them: _____

Share three things you don't like about your current school: Please explain why you don't like them: _____

What do you like to do in your free time? _____

What are your personal goals? How can The Novus Academy support you in meeting your goals? _____

Student Signature: _____ Date: _____



AUTHORITY TO RELEASE SCHOOL INFORMATION

MUST BE COMPLETED AND RETURNED EVEN IF CHILD IS NOT CURRENTLY IN SCHOOL

Complete and return this form to The Novus Academy

PARENT/GUARDIAN (Please print):

I hereby authorize _____ and _____

Principal's Name

Teacher's Name

Of _____

School Name

School Address _____

Number and Street

City

State

Zip

School Phone Number _____ School Fax Number _____

To release the school record of:

Students Name _____

Last

First

Middle

Date of Birth: _____ Current Grade _____

SEND TO:

**The Novus Academy
204 North Dooley Street
Grapevine, TX 76051
FAX: 817-488-4533**

Parent/Guardian Name (Please Print) _____

Signature* _____

Date _____

*By signing this form, I acknowledge that The Novus Academy will be sending a recommendation form to the school listed above. This form is to be filled out by the teacher/principal listed above. I waive the right of access to confidential information, including teacher evaluation forms, in my child's admission files.

**Parents: Please make sure that this form is signed, dated, and returned to
The Novus Academy**



**AUTHORIZATION AND CONSENT TO PROVIDE EMERGENCY MEDICAL CARE
FOR VISITING STUDENTS**

Students Name: _____

Male/Female _____

Date of Visit: _____

Grade Level _____

I am the parent or legal guardian of _____. In case of accident, illness, or injury during the school day or on a school sponsored field trip, school personnel will make every effort to obtain emergency medical care. In such a case where it is impossible to reach us. I/we hereby authorize The Novus Academy and its designated representatives to seek and obtain emergency medical care for above student, which may include emergency room treatment, hospitalization, surgery, securing the services of medical personnel, x-rays, and/or medications. I / we hereby assume financial responsibility for these costs.

Hospital Preference: _____

Physician: _____

Phone # _____

Dentist: _____

Phone # _____

My child is ___ / is not ___ covered by insurance

Insurance Company _____

SS#

Primary Insured

SS#

Relation to Student

Pre Certification #

Policy #

Group #

Medical History

My Child Wears Contacts Yes/No

Date of Birth: _____

Allergies, including Drugs: _____

Daily Medication: _____

Important Health Notes: _____ Date of last tetanus: _____

Student Lives with: Mom/Dad/Guardian

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Mother/Guardians name: _____ Cell Phone: _____

Please Initial

____ My child may take Advil, Tylenol, antacids, Benadryl, Sudafed, cough drops or throat lozenges.

____ My child shall not be given any medications without direct communication with parent/guardian

Signature: _____

Date: _____

**Parents: Please make sure that this form is signed, dated, and returned to
The Novus Academy**



Administrator Recommendation

Students Name: _____

Grade Level _____

Administrator's Name: _____

Title: _____

Phone #: _____ School: _____

	Yes	No
1) How long has the student attended your school? _____		
2) Does the student have a good attendance record?		
3) Does the student have a positive attitude toward school?		
4) Has the student been suspended from school? If yes, for what reason? _____		
5) Has the student been expelled from school?		
6) Does the student show consideration and respect for peers?		
7) Does the student show consideration and respect for authority?		
8) Is the student in good standing and eligible for continued enrollment in your school?		
9) Is there any other information you can share with us to help understand the student?		

**Parents: Please make sure that this form is signed, dated, and returned to
The Novus Academy**

Teacher Recommendation

Students Name: _____

Grade Level: _____

Teacher's Name: _____

Title: _____

Phone #: _____ School: _____

Does the student currently receive support services within your school? If so, please describe them.

Are there any accommodations that you do not currently provide the student that you feel would be beneficial? _____

Teacher Ratings, Please rate the student in the areas listed below.

	Excellent	Above Average	Average	Below Average	Poor
Classroom Effort					
Creativity					
Self Discipline					
Leadership					
Self Confidence					
Sense of Humor					
Social Interaction					
Perseverance					
Emotional Maturity					
Reaction to Setbacks					
Respect for Authority					
Respect for Peers					

Parents: Please make sure that this form is signed, dated, and returned to The Novus Academy

Parent Perspectives

Please complete this inventory to help us understand your child's strengths, interests, and weaknesses from your perspective. Please be accurate and complete the entire form. The inventory is based on the work of Dr. M. Levine

Strengths and Weaknesses Checklist

Please indicate how well your child does in the following academic and nonacademic areas. If question is not applicable, please strike through with single line.

	Has Difficulty	Just Okay	Does Well	Comments
Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building / Fixing Things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creative Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drawing / Artwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handwriting (legibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completing/Turning in Home Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows What and How to Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Making/Keeping Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remembering What was Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding What was Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taking Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using a Computer for School Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing Reports/Essays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Attention

Attention is more than 'paying attention' or 'concentrating'. Attention helps students work consistently, focus on the proper details when listening or reading and to think ahead about what to say or do. Students are expected to use their attention to succeed with school work, behavior, and to relate well to others. Think about attention in this manner as you complete this section.

Current School Year	Almost Never	Sometimes	Often	Almost Always	Comments
1. Concentrates enough to finish a task or assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Sits and listens to someone talking without fidgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Falls asleep easily at night, is alert in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Works on an activity for an appropriate amount of time for the task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Concentrates on important things, even if they are not interesting or exciting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Stays 'tuned in' to important details, is not distracted by unimportant details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Performs tasks at an appropriate speed, not too fast or slow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is aware of mistakes as they occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Learns from past experiences and applies to current situations and choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Stops to think before acting or speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

As a younger child, did he/she: Concentrate well in school? Yes No
 Feel reasonably satisfied or content? Yes No
 Sleep well at night? Yes No

Memory

Memory is used in school to remember facts, and other information. It is used to recall the information quickly and accurately. Memory, is a part of math, writing, test taking and social skills. Think about memory in this light as you complete this section.

	Current School Year	Almost Never	Sometimes	Often	Almost Always	Comments
11.	Remembers important information or facts from a text or lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Remembers directions or instructions without having them repeated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Can keep his/her place when working through multi-step problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Can link new information with previous information about a topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	While writing, correctly uses spelling or punctuation while getting ideas to paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Is good at memorizing facts for test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Recalls specific information with relative ease (dates, people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Can look at a word problem in math, and know how to solve the problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Retains what was learned from one year to the next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Remembers to do daily tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

As a younger child, did he/she: Learn math facts with ease? Yes No
 Follow directions readily? Yes No
 Recall information well on tests? Yes No

Language

Students use language to communicate ideas, thoughts and feelings, and to understand what they read and hear. A student who struggles with language often struggles with understanding others and expressing his or her ideas clearly. Think of how your child uses language as you complete this section.

	Current School Year	Almost Never	Sometimes	Often	Almost Always	Comments
21.	Understands common expressions, figures of speech ('a big heart' 'in hot water')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22.	Is able to read in a smooth, fluent manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	Understands what has been read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Understands what has been heard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	Understands written instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	Avoids using filler words ('things', 'stuff', 'you know') when speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Elaborates on ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	Can explain their ideas in a conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.	Can describe his/her ideas when writing an essay or report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.	Can summarize new information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

As a younger child, did he/she: Pronounce words properly? Yes No
 Learn new vocabulary words easily? Yes No
 Read as well as classmates? Yes No

Temporal-Sequential Ordering

Temporal-Sequential ordering helps students understand, remember, and use information in a certain order. (months in a year, steps in a task) Math problems, managing personal time and schedule, all require temporal-sequential ordering. Think of your child's TSO while completing this section.

Current School Year	Almost Never	Sometimes	Often	Almost Always	Comments
31. Correctly follows directions through several steps of a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Makes a list or plan when organization is required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Uses and follows a calendar or schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Is aware of the time required to complete task or activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Understands cause and effect relationships (related historical events, scientific ideas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Begins projects with time to complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Is on time for scheduled activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. When telling a story is able to keep the order of events as they happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Organizes ideas logically when writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Completes work in best order (knows what to do first, second, ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

As a younger child, did he/she: Easily learn days/weeks/months? Yes No
 Tell stories in a logical order? Yes No
 Learn to tell time by 3rd grade? Yes No

Spatial Ordering

Spatial ordering helps students understand, remember, and create things in whole patterns, such as maps, diagrams and art projects. It involves a sense of space, as when catching a ball or when keeping track of books. As you complete this section please keep these traits in mind.

Current School Year	Almost Never	Sometimes	Often	Almost Always	Comments
41. Has a good sense of direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Is accurate with graphs, charts, diagrams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Keeps track of things without losing them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Keeps materials organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Catches and throws a ball accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Draws or paints well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Works well with three dimensional shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Understands symbolic concepts in math and science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

As a younger child, did he/she: Know left from right? Yes No
 Bring home the right materials needed for homework? Yes No
 Keep track of personal things? Yes No

Neuromotor Function

There are three major neuromotor functions. Gross motor, controls large muscles, used in running or sports. Fine motor, controls hand muscles, used in fine arts or mechanical work. Graphomotor, involves finger muscles used when writing by hand. Please complete this area with these ideas in mind.

	Almost Never	Sometimes	Often	Almost Always	Comments
49. Can play 'ball' sports well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. Is good at individual sports (hiking, running, jumping rope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51. Can learn a new sport easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52. Is handy at assembling or fixing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53. Uses hands well for artwork, crafts, playing a musical instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. Uses a keyboard easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55. Writes fast enough to keep up with personal ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
56. Hand writing is neat and easy to read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
57. Holds a pencil or pen comfortably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

As a younger child, did he/she: Learn arts and crafts techniques with ease? Yes No
 Run, hop, and skip smoothly? Yes No
 Write letters smoothly and accurately? Yes No

Higher Order Cognition

Grasping new ideas and concepts, solving problems, thinking critically and brainstorming, all involve Higher Order Cognition. Creativity, and working around problems use aspects of this type of thinking. Be aware of this while answering these questions.

Current School Year	Almost Never	Sometimes	Often	Almost Always	Comments
58. Understands the ideas and concepts in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
59. Uses new rules learned in school when doing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60. Figures out mechanical problems and how to correct them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
61. Understands other views on issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
62. Can analyze weaknesses or strengths in others ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
63. Has original ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
64. Has a good imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
65. Can think of the best way to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
66. Is aware of how he/she learns best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

As a younger child, did he/she: Understand abstract ideas well? Yes No
 Show curiosity about how and why things work? Yes No
 Use imagination to create stories or things? Yes No

Social Cognition

Learning to relate with others requires Social Cognition. It can affect a student's success in social interactions in the classroom, the cafeteria, playground, work place. Social Cognition helps to know when to say something or if it's proper to say something. Conflict resolution requires Social Cognition.

Current School Year	Almost Never	Sometimes	Often	Almost Always	Comments
67. Talks with other kids in their 'lingo'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
68. Asks for things politely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69. Adjusts speaking style for peers or adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
70. Is aware if someone is upset or sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
71. Has a good reputation with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
72. Peacefully works out problems or conflicts with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73. Maintains a close relationship with one or more friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
74. Works collaboratively within a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
75. Can get other kids to like him/her when he/she wants to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
76. Easily joins in a group conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

As a younger child, did he/she:

Share well with others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Make friends easily?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Avoid arguing and fighting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Affinities

An affinity is something that a person really loves to do or learn about. Affinities may be activities or skills like a sport or a musical instrument. Affinities may also be topics learn about or interests. Affinities can be in or outside of school. A person does not have to be 'good' at something for it to be an affinity. An activity or topic that holds a great deal of attention is all that's required to define an affinity.

- Acting/Drama
- Playing an instrument
- Building things
- Cars / Motorcycles
- Collecting
- Reading Novels / Stories
- Electronic/Computer Games
- Sewing
- Fixing or Repairing Things
- Using a Computer for Schoolwork
- Learning about Famous People
- Writing stories/poetry
- Other: _____
- Other: _____
- Pets/Animals
- Board Games
- Team Sports
- Clubs or Organized Activities
- Reading Comic Books
- Dancing
- Science
- Fishing/Hunting
- Working with Younger Children
- Using a Computer Out of School
- Watching/Following Sports
- Mathematics
- Bicycle riding/Skateboarding
- Individual Sports
- Building Models
- Politics / Current Events
- Cooking
- Religious Activities
- Fine Arts (drawing/sculpting....)
- Singing
- Foreign Languages
- History
- Listening to Music
- Other Cultures and Countries