

Oak Learners - Bridge the Gap Student Intake Form



Student Name:	Age:	Grade:
Parent Name(s):	Contact Number:	

Why are you considering the Bridge the Gap program at Oak Learners?

What do you hope your child will achieve through Bridge the Gap?

Goal 1:

Goal 2:

What are you child's areas of strength? (Academic, social/emotional, problem solving, physical, etc)

What are you child's challenges? (Academic, social/emotional, problem solving, physical, etc)

What does your child enjoy learning about on their own time?

What extra-curricular activities is your child invovled in?

What other professional servies or academic support does your child receive?