PEELS
Child Status Report

Please update the information for each child listed. If information is unavailable because a child has moved out of your district, please provide whatever information is readily available.

Child's PEELS ID: *preprint*   **Child:** *First Name Last Initial*   **Date of Birth:** *preprint*

1. Is this child's family still living in your district? (Check one.)   ❑ Yes ❑ No   ❑ Don't know

2. Child's current grade (check one).
   - ❑ Preschool
   - ❑ Kindergarten
   - ❑ 1st
   - ❑ 2nd
   - ❑ 3rd
   - ❑ 4th
   - ❑ Ungraded
   - ❑ Not in school

3. Name of child's teacher: _____   _____   _____
              Mr./Ms./Mrs./Dr.   First Name   Last Name

4. Name of person who knows child's educational program best *if different from teacher named above*:

   _____   _____   _____

Mr./Ms./Mrs./Dr   First Name   Last Name

School/Preschool: *preprint Wave 3 Primary school and address*

5. School/Preschool if different from above: ❑ Don't know

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____)_____

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Mr./Ms./Mrs./Dr   First Name   Last Name

School/Preschool: *preprint Wave 3 Primary school and address*

5. School/Preschool if different from above: ❑ Don't know

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____)_____