



### Family Profile

Parent(s) name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail (if checked regularly): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Gender\*: \_\_\_\_\_ Ethnicity\*: \_\_\_\_\_ (\*For grant purposes only)

Parents place of Employment: \_\_\_\_\_

Does Student participate in:

Special Education? \_\_\_\_\_ Yes \_\_\_\_\_ No

RTI? \_\_\_\_\_ Yes \_\_\_\_\_ No

ECI? \_\_\_\_\_ Yes \_\_\_\_\_ No

504? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Primary Concern for Student: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

What current supplemental service providers are you receiving support from for your child?

\_\_\_\_\_  
\_\_\_\_\_

What are your immediate needs for your child that Turtle Wing might be able to provide support for?

\_\_\_\_\_  
\_\_\_\_\_

Are you interested in:

Parent Trainings: \_\_\_\_\_ Yes \_\_\_\_\_ No

Parents Support Gatherings: \_\_\_\_\_ Yes \_\_\_\_\_ No

Helping Other Parents: \_\_\_\_\_ Yes \_\_\_\_\_ No



Turtle Wing Foundation  
1203 Kessler Ave.  
Schulenburg, TX 78956  
[www.turtlewingfoundation.org](http://www.turtlewingfoundation.org)



## Consent to Photograph Consent to Release Information

I, \_\_\_\_\_, give my permission to use:  
(Please Print)

- |                          |            |                          |       |
|--------------------------|------------|--------------------------|-------|
| <input type="checkbox"/> | Audio      | <input type="checkbox"/> | Print |
| <input type="checkbox"/> | Video      | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Photograph |                          |       |

Of my child(ren) \_\_\_\_\_  
for publicity or educational purposes by Turtle Wing Foundation. I understand that  
all materials will remain the property of Turtle Wing Foundation, and I am not  
entitled to any compensation or payment for their use. I also understand that I can  
revoke or modify this consent at any time by information Turtle Wing Foundation in  
writing.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent/guardian signature required for minor)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_