

Corvallis Middle School
Scheduling Information Worksheet

Student last name: _____ First name: _____

Grade level: _____

Was your student involved in any of the following programs?

- Special Education
- Title 1
- 504
- Gifted / Talented program
- Advanced Placement courses (names of courses)

Does your student want to take Band? Yes _____ No _____

Does your student want to take Orchestra? Yes _____ No _____

Does your student have any special needs? Medications, allergies etc. (explain)

Would you like to speak to a counselor? Yes _____ No _____

Your name and phone number where you can be reached.
