



SCHOLASTIC SUPPORT CENTERS

Intake Form

Please complete this form for each week that your child attends a Scholastic Support Center so that we can plan to support her or him appropriately. If possible, please print and complete the form prior to check in.

Student Name: _____ Grade: _____
School: _____ Student ID: _____

Live Class Times

Monday	Tuesday	Wednesday	Thursday	Friday

If we need to contact you with questions during the day, what is the best phone number to call? _____

Information that would be helpful to Y Staff (specifics to your child’s computer, location of your child’s passwords). **FOR SECURITY REASONS, PLEASE DO NOT LIST ANY PASSWORDS ON THIS FORM.** _____

Is your child able to login to her/his computer on her/his own? ☐ Yes ☐ No
Is your child able to login to her/his learning platform on her/his own? ☐ Yes ☐ No
What tips and tools can you share with us to help support your child through her/his learning experience? _____

