



# 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 passwords). **FOR SECURITY REASONS, 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 can you share with us to help support your child’s learning experience?