

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

MURRIETA 30755-D Auld Rd., Murrieta, CA 92563
 PALM SPRINGS 3255 E. Tahquitz Canyon Wy., Palm Springs, CA 92262

RIVERSIDE 4050 Main St., Riverside, CA 92501

RI-PR096

<p><i>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)</i></p> <p>TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____</p>	<p><i>FOR COURT USE ONLY</i> (CONFIDENTIAL)</p>
<p>IN THE MATTER OF:</p>	<p>CASE NUMBER: _____</p>
<p>SCHOOL REPORT</p>	

Note to Petitioner: Please complete below where indicated. A separate form is required for each minor.

NAME AND ADDRESS OF SCHOOL:

NAME OF CHILD: _____ DATE OF BIRTH: _____

AGE: _____ GRADE: _____

Dear Principal,

Our department is currently conducting an investigation in regard to the minor whose name appears above. Therefore, we are requesting that you complete the information requested below and return the form to our department. Your cooperation is appreciated. We assure you that the information you provide us will be used with discretion. Confidential information is for the court investigator's use only. Your prompt return of this information is requested.

Thank you for your cooperation in this matter.

Petitioner: Do not complete below this line.

PLEASE ATTACH AVAILABLE GRADE TRANSCRIPTS AND/OR REPORT CARDS

Attendance satisfactory? Yes No

Truancies: _____

IN THE MATTER OF: _____	CASE NUMBER: _____
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Health and Physical Condition

General Health: _____

Vision: _____

Hearing: _____

Physical Handicap: _____

Disease Record: _____

Is the Child in Special Education Classes? Yes No

Please rate the following accordingly: 4-Superior 3-Average 2-Below Average 1-Failure

Appears contented: _____ Neatly and cleanly dressed: _____

Has good work habits: _____ Gets along with others: _____

Accepts Responsibility: _____ Uses his/her abilities: _____

Good manual coordination: _____ Obedient and cooperative: _____

Good health habits: _____ Brings work material regularly: _____

To your knowledge has the child been referred for psychological/psychiatric testing? Yes No

If Yes, please include report, if available. If not, the name, address and phone number of the examiner:

Remedial measures attempted: _____

Comments on contact with proposed guardians and/or parents: _____

Date: _____

 (PRINT NAME AND TITLE)

 (SIGNATURE)