

Westergard Elementary School

New Student Questionnaire

Please be as accurate as possible. This will help us to ensure the best placement for your son/ daughter.

Students Name: _____ Birthdate: _____

Name of previous school: _____

Additional support you child might need in order to ensure his/her success in school (please mark):

_____ behavior support

_____ occupational therapy

_____ social skills/intervention

_____ ELL (English Language Learner)

_____ speech therapy

_____ GT (Gifted and Talented)

_____ reading skills support

_____ legal paperwork

_____ mathematic skills support

_____ family stress (recent move, divorce, illness, death, etc.) support

_____ health condition (ear infections, glasses, allergies, etc.) support

If anything is marked above, please explain/ elaborate: _____

Please tell the teacher about your child, i.e. his/her favorite activities, interests, and feelings about starting school. _____

How will your son/daughter get home (please circle):

sibling pick-up

bus

after-school program

carpool

parent pick-up

Please email this form to melisa.chavez@washoeschools.net upon completion. Thank you! 😊