

# 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):

- |  |   |
|--|---|
| <input type="checkbox"/> behavior support  | <input type="checkbox"/> occupational therapy           |
| <input type="checkbox"/> social skills/intervention  | <input type="checkbox"/> ELL (English Language Learner) |
| <input type="checkbox"/> speech therapy  | <input type="checkbox"/> GT (Gifted and Talented)       |
| <input type="checkbox"/> reading skills support  | <input type="checkbox"/> legal paperwork                |
| <input type="checkbox"/> mathematic skills support   |   |
| <input type="checkbox"/> family stress (recent move, divorce, illness, death, etc.) support  |   |
| <input type="checkbox"/> health condition (ear infections, glasses, allergies, etc.) support |   |

If anything is marked above, please explain/ elaborate: \_\_\_\_\_

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

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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](mailto:melisa.chavez@washoeschools.net) upon completion. Thank you! 😊