



New Student Questionnaire

This form will be used to help place your child into the appropriate classroom.

Date: _____ Grade: _____

Student Name: _____

Parent Name: _____

Does the Adult living with the student have legal custody? Yes No Uncertain

Please check any box which applies to your child:

IEP (Receiving special services)

504 accommodations

Extra help in reading

Health Concerns

Extra help in math

Academic Concerns

Physical/Speech Therapy

Remedial Classes (Title, LAP)

Highly Capable/Gifted Program

Interest in Band Participation (5-8Gr)

Describe the learning environment you believe would be best for your child:

Areas of academic strength in school:

Areas of academic concern in school:

School behavior (i.e. peer, classroom, recess, bus, suspensions, expulsions):

Additional Information:
