



Westbrook Middle School

154 McVeagh Road · Westbrook, CT 06498 · 860-399-2010 · Fax: 860-399-2006

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REGISTRATION QUESTIONNAIRE

Student's Name: _____ DOB: _____ Grade: _____

Previous School (Name, Address, Phone Number): _____

In your perception, how does your child perform in the following? (circle one)

Reading:	Above Grade Level	At Grade Level	Below Grade Level
Writing:	Above Grade Level	At Grade Level	Below Grade Level
Math:	Above Grade Level	At Grade Level	Below Grade Level

Please comment on the following areas:

Are peer relationships age appropriate? Yes No
If no, please explain: _____

Interests/Hobbies: _____

Has your child ever had an individual evaluation in a school system? Yes No
If yes, please explain the reason for and date of the evaluation. _____

Has your child received any support services?

_____ Special Education
_____ 504 Accommodation Plan
_____ Health Plan
_____ Academic Support
_____ Counseling (Counselor, Psychologist, Social Worker)
_____ Other (_____)

Other information that we should be aware of: _____

