

WESTWOOD ELEMENTARY SCHOOL  
POWAY UNIFIED SCHOOL DISTRICT

To be completed by office staff:  
Teacher \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Names of siblings at Westwood \_\_\_\_\_ Grades \_\_\_\_\_

Reading Level  
\_\_\_\_\_ Below Grade Level \_\_\_\_\_ At Grade Level \_\_\_\_\_ Above Grade Level

Math Level  
\_\_\_\_\_ Below Grade Level \_\_\_\_\_ At Grade Level \_\_\_\_\_ Above Grade Level

Writing  
\_\_\_\_\_ Below Grade Level \_\_\_\_\_ At Grade Level \_\_\_\_\_ Above Grade Level

Mark the following as they apply to your child:

\_\_\_\_\_ Has been identified officially as a GATE (gifted) student

\_\_\_\_\_ Has been placed in a Special Education program

\_\_\_\_\_ Speech \_\_\_\_\_ RSP \_\_\_\_\_  
Intervention \_\_\_\_\_ Reading \_\_\_\_\_

\_\_\_\_\_ Any health problems, allergies, or medication requirements\*?  
\_\_\_\_\_  
\_\_\_\_\_

\*please note all medications need to be authorized by their doctor and held in the schools health office

My child will:  
Walk \_\_\_ Be dropped off/picked up \_\_\_ Car pool \_\_\_ ESS \_\_\_ Take the bus \_\_\_

Activities my child has been most recently involved in outside of school are:  
\_\_\_\_\_  
\_\_\_\_\_

My child's hobbies or special interests are: \_\_\_\_\_  
\_\_\_\_\_

Some important things about my child the teacher should know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_