

# Westwind Children Services

## EDUCATIONAL BACKGROUND (Initial all that Apply)

- Yes  No My child **has** had special education testing or evaluations
- Yes  No My child **has** been enrolled in a special education program at another school.
- Yes  No My child is on an IEP
- Yes  No My child is on a 504
- Yes  No My child is involved in an English as a second language program (ELL)

## DEMOGRAPHIC QUESTIONNAIRE (Initial all that apply)

Presently, where does the student stay at night?

- Yes  No Student's immediate family resides in their own home or apartment  
(No one outside of the immediate family is present)
- Yes  No With Grandparents, Aunt, Uncle or other family member who is not an immediate family member.
- Yes  No With more than one family in a house or apartment.
- Yes  No In a group home or group shelter
- Yes  No In a motel.
- Yes  No In a car.
- Yes  No At a campsite
- Yes  No Other: \_\_\_\_\_
- Yes  No None of the above; explain: \_\_\_\_\_  
\_\_\_\_\_

## SIBLINGS:

Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____



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