



# BROOMFIELD ACADEMY

*An individualized education helping children to be exceptional, accelerated and creative*

## QUESTIONNAIRE PRIOR TO VISIT DAY

**Date:** \_\_\_\_\_

**Tour Date:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Phone: (W):** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_ **Current School:** \_\_\_\_\_

**Desired start date:** \_\_\_\_\_

**Why are you looking to make a school change?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fill out the attached Records Request to be sent to the current school.**

### I am interested in the following programs:

Academic School Year: \_\_\_\_\_ Summer Camp: \_\_\_\_\_

Summer Academic Prep Programs:

Jr. K (PK): \_\_\_\_\_ Elem Prep: \_\_\_\_\_ Intermed Prep: \_\_\_\_\_

**TELL US ABOUT YOUR CHILD.  
PLEASE PROVIDE DETAILS AND A COPY OF ANY EVALUATION / TESTING.**

### DOES YOUR CHILD RECEIVE SERVICES FOR ANY OF THE FOLLOWING:

**GIFTED / TALENTED:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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IEP / SPEC ED/504: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTISM SPECTRUM DIAGNOSIS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOCUS DEFICIT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DYSLEXIA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RTI (Response to Intervention): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ELL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>DOES YOUR CHILD HAVE DIFFICULTIES/CONCERNS WITH:</b>
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Vision: \_\_\_\_ Hearing: \_\_\_\_ Speech: \_\_\_\_ Walking: \_\_\_\_ Allergies: \_\_\_\_ Other: \_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_