Welcome to Copperview!

New Student Questions

STUDENT’S NAME: ____________________________________________

1. I like __________ about school. ____________________________________________________

   ________________________________________________________________________________

2. I don't like __________ about school. __________________________________________________

   ________________________________________________________________________________

3. I’m afraid of: ____________________________________________________________________

   ________________________________________________________________________________

4. I hope I get to: ___________________________________________________________________

   ________________________________________________________________________________

5. I like it when my teacher does _________ for me. ______________________________________

   ________________________________________________________________________________

6. My favorite things are: ____________________________________________________________

   ________________________________________________________________________________

7. What worries you about moving here? _______________________________________________

   ________________________________________________________________________________
Welcome to Copperview!

Parent Survey Questions

1. What’s your student’s name? ____________________________________________
   What name does the student go by? ____________________________________

2. Where did your student attend school previously?

<table>
<thead>
<tr>
<th>Grade</th>
<th>School Name</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
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<tr>
<td>1st</td>
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<td>2nd</td>
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<td>5th</td>
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</table>

3. What was your student’s previous school? ___________________________ How long? __________________

4. What are your student’s strengths? ________________________________

5. What does your student struggle with? _____________________________

6. How will your student get to and from school? ______________________

7. What is something special or important that you want us to know about your student?
   __________________________________________________________________________
   __________________________________________________________________________

8. What are your student’s academic strengths? _________________________

9. What does your student struggle with academically? ___________________

10. What’s your cell phone #? __________________ Home phone #? ______________

11. What’s your email address? __________________________________________

12. What is the best way to get ahold of you (text, email, phone call)? _________________

13. When is the best time to get ahold of you (morning, afternoon)? _________________

14. Does your student have any allergies or special health needs? ___________________

15. What are five words that best describe your student? _______________________

16. Does your student have a backpack? ________________________________

17. We have access to many community partners to provide academic and social/emotional supports.
   Would you like to know more about this? ________________________________
### New Student Registration Procedures

**STUDENT’S NAME:** ___________________________________________ **Today’s Date:** ______________

<table>
<thead>
<tr>
<th>Item</th>
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</thead>
<tbody>
<tr>
<td>1. Register with front office — give parent compact and school information sheet (Administrative Assistant)</td>
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<tr>
<td>2. Register online – this process will indicate whether additional screening is needed for ELL services (Administrative Assistant)</td>
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<tr>
<td>3. Inform new teacher verbally or with a note in their box (Administrative Assistant)</td>
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<tr>
<td>4. Student survey completed (with Administrator)</td>
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<tr>
<td>5. Parent survey completed (with Administrator)</td>
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<tr>
<td>6. Tour of the school (Administrator)</td>
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<tr>
<td>a. Introduction to new teacher and the classroom</td>
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<tr>
<td>b. Introduction to Mike (Custodian)</td>
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<tr>
<td>c. Introduction to Lonnie (Lunchroom Manager) – information is shared about free breakfast program and free-and-reduced lunch applications</td>
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<tr>
<td>d. Introduction to Amy (School Psychologist)</td>
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<tr>
<td>e. Introduction to the Achievement Coaches</td>
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<tr>
<td>f. Appointment to be tested: ________________________</td>
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</tbody>
</table>

1. We explain to the student what to do if/when they’re sick, need to use the bathroom, need a band aid, need something during recess, need to call home, etc. (Administration)

2. Contact previous school (Edna — Administrative Assistant)
   - **Name:** ________  **Phone:** ________
   - **Attendance?** ________  **Sped?** ________  **ELL?** ________
   - **Special programs?** ________  **How long attended?** ________
   - **Name of teacher:** ________  **Email:** ________

3. Email to previous teacher (sent by Administration)
   - a. **Student academic strengths**
   - b. **What does the student need more academic help with?**
   - c. **Where is the student in reading?**
   - d. **Where is the student in math?**
   - e. **Behaviors**
   - f. **What supports the student the best?**