

# PIE REGISTRATION QUESTIONNAIRE

STUDENT'S NAME: \_\_\_\_\_

Please answer the questions listed below. Your responses will assist us in better addressing your child's needs. In addition your answers will also assist in further developing and enhancing the PIE Program.

**I. How did you learn about the PIE Program? (Check all that apply)**

- |                                    |                             |
|------------------------------------|-----------------------------|
| _____ articles in local newspapers | _____ WVCSD website         |
| _____ PIE brochure                 | _____ informational meeting |
| _____ friends / neighbors          | _____ other.....explain     |

**II. Why do you want your child in the PIE Program?**

**III. What do you consider to be your child's strengths and weaknesses?**

**IV. Explain how your child's strengths and weaknesses can be supported by the PIE Program.**

**V. In what ways would you like to contribute to the PIE Program?**

- |                                     |                         |
|-------------------------------------|-------------------------|
| _____ volunteering in the classroom | _____ class parent      |
| _____ serving on the PIE Committee  | _____ Other.....explain |

We appreciate your help. Thank you.

**PLEASE RETURN THIS QUESTIONNAIRE WITH YOUR REGISTRATION**