

Please complete the following information before giving it to your child's educational therapist, counselor, or other service provider and have them send directly to Westmark School, Attn: Cindy Goodman, Director of Admissions. 5461 Louise Avenue, Encino, Ca 91316 or email to [cgoodman@westmarkschool.org](mailto:cgoodman@westmarkschool.org).

Name of Applicant \_\_\_\_\_

Name of Professional completing form \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Professional's Signature \_\_\_\_\_

Please select the area in which you work with the student

☐ Occupational      ☐ Therapy      ☐ Speech and Language      ☐ Academics      ☐ Counseling

The above named student is an applicant to Westmark School, a school for students with language-based learning differences. So that we may better understand the applicant's learning style, we would appreciate your response to the questions below. Please return the form at your earliest convenience to Westmark School/Admissions.

How long have you worked with this student? \_\_\_\_\_

What skills are you working on with this student?

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How does this student react to constructive suggestions?

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What techniques do you find particularly helpful in working with this student?

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How do you imagine this student would benefit from small classes and a structured environment?

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What are the first three words / phrases that come to mind when thinking about this student?

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How does the applicant respond to social, emotional, or academic challenges?

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Please provide any additional information about the applicant that would be pertinent to admissions.

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