



Parent Questionnaire Regarding Child

Child's Name: _____

Briefly describe your child, including his/her personality, interests, abilities, strengths and weaknesses.

How does your child relate to other children in a classroom or other social settings? At home?

Child's responsibilities at home are: _____

If your child is applying for Kindergarten or Preschool, is he/she independent in using the bathroom? ____ Yes ____ No

If not completely, please explain: _____

Child's habits that would be of interest to teachers: _____

Family fun activities your child enjoys: _____

Church-oriented activities child takes part in: _____

Church child attends: _____ Pastor: _____

Pets: _____

Does child take music lessons? _____ What instrument(s) and for how long?

What discipline do you use and find most effective with this child? _____

Family situations you feel the teacher should know about: _____

Has your child ever received academic help (such as tutoring) or a modified curriculum? If so, please describe:

What are your child's academic strengths? _____

What are your child's academic weaknesses? _____

Please list subjects that the student is functioning below level or having difficulty in:

Does your child have any special education needs? Yes No

If yes, please explain on a separate sheet of paper.

Has your child ever been recommended for testing, tested and or diagnosed for any of the following conditions. Check all that apply. If any are checked, please explain the situation below giving specific information.

- | | |
|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Academically gifted | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Neurological Impairment |
| <input type="checkbox"/> Dyslexic | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Emotional Impairment | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Other: _____ |

Explanation: _____

Does your child have any physical, emotional or learning problems that have not already been explained?

Is there anything about your child that the teacher needs to know to understand him/her better?

Parent Signature: _____ Date: _____