



# Parent Questionnaire Regarding Child

Child's Name: \_\_\_\_\_

**Return to Burton Campus at 14220 Claridon Troy Road, Burton Ohio 44021 or email to [enrollment@agapca.com](mailto:enrollment@agapca.com)**

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: \_\_\_\_\_