

Child's Name _____ Date _____

1. What are your child's favorite academic interests? _____

2. What academic subject(s) does he or she find more challenging? _____

3. How does your child interact with peers and with adults? _____

4. How does your child handle transitions? _____

5. Please list any programs, special interests, or community activities with which your child is involved outside of school (e.g., gymnastics, swimming, art, theater, choir, scouts, music lessons, etc). _____

6. Please indicate any history of health problems, including any physical limitations. _____

7. Please list any food, medication, or environmental allergies. Please state if you have any food restrictions for your child. _____

PARENT QUESTIONNAIRE (Continued)

8. Is your child currently taking any medication? Yes No

Please list the medication and condition being treated. _____

9. Please indicate if your child is currently receiving or has received therapy, including occupational or physical therapy, or behavior interventions. _____

10. How does your family spend your free time? _____

11. How does your child handle disappointment when things do not work out to his or her liking? _____

12. What is leading you to make a change in your child's educational journey? _____

13. What would you like us to know about your child? _____

PRINT NAME _____ DATE _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____