



## PARENT/GUARDIAN QUESTIONNAIRE

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

The information that can be obtained from this form is meant to assist professionals working with your student determine the interventions that may help him/her experience success in the academic environment. Background information is invaluable because each student has a unique learning style and school/family history. This information provided by parents/guardians in this questionnaire cannot always be accessed from a cumulative file review. Please know that all of the information shared will be kept confidential and used only as a means to determine appropriate support for your student. **When you have completed the form, please either print the form and mail it to the address above or click submit at the bottom of the form. Your responses will automatically be emailed to your student's counselor. Thank you.**

Student Name:

Person Completing Form:

1. Are there any changes happening at home that you feel could be having an effect on your student's academics/behavior?
2. What is your student's homework routine? For example, how much time is spent on homework daily and where is it completed? Does this happen on a consistent basis?
3. Have you noticed the same behaviors/concerns that the school is noticing?
4. To the best of your knowledge, have others in your family (siblings, aunts, uncles, grandparents) had similar difficulties with learning and/or behavior? If yes, please explain.

5. When was the last time your student had his/her vision and hearing tested?
6. Is your student supposed to wear glasses? Does he/she wear them consistently? If he/she needs glasses and does not have them, do you need assistance getting them?
7. When was the last time your student had a medical exam? Do you need any assistance obtaining medical care?
8. Does your student have any type of medical or mental health diagnosis? (ADD, Depression, Anxiety, etc.).
9. Is your student currently taking any medication? If so, what type of medication and what is the dosage?
10. Is there more than one language spoken in your home? If yes, what language is spoken? What language is spoken most frequently?
11. Do you have any behavioral concerns that occur in the home? If yes, please explain.
12. What does your student's after-school schedule include? Please be specific (job, sports, clubs, homework routine, chores, etc.).
13. How much time each day does your student spend utilizing technology including a cell phone (texting), video games, television, computer/Facebook, etc. Please be as specific as possible.

14. What expectations are set forth for your student in your home (curfew, grade expectations, consequences, privileges, etc.)?
  
15. Is your student currently involved with any outside agencies (juvenile court system, counseling, truancy, etc.)? If so, please explain.
  
16. Is there anything else that the school should be aware of that could be having an impact on your student's academics/behavior at school

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.**