

## Parent Questionnaire

Please help up to meet any special needs you and your student might have:

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Nick Name (preferred name) \_\_\_\_\_ Birth Date \_\_\_\_\_

Last School (School Name, Preschool, Headstart) attended \_\_\_\_\_

Has your child received special services in any of the following within the last year:

_____ Title 1 Reading or Basic Skills	_____ Reading
_____ Speech and Hearing	_____ Math
_____ Talented and Gifted	_____ Counseling
_____ Psychological Testing	_____ Special Education
_____ Learning Disabilities	_____ IEP (Individual Education Program)
_____ English as Second Language (ELL)	_____ Other (Specify) _____

Do you have any concerns (academic, behavior, health) your student's teacher or counselor needs to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel that there are any special areas where you and your student could use special assistance?

\_\_\_\_\_

Does your student have celebration restrictions?

Birthday \_\_\_\_\_ Holidays \_\_\_\_\_

Would you be willing and available to volunteer at school? \_\_\_\_\_

Days \_\_\_\_\_ Times \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_