

**Hazelbrook Middle School**  
**Parent Questionnaire**

The information on this questionnaire will help us meet any special needs you and your child may have.

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

Parent/Guardian Name: \_\_\_\_\_

Phone number to call: \_\_\_\_\_ email address: \_\_\_\_\_

Last school attended: \_\_\_\_\_

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

- Title I
- Speech and/or hearing
- TAG
- Mental Health Evaluation
- Learning Disabilities
- English Language Learner
- 504
- IEP--Special Education
- Reading
- Math
- Counseling
- Other (please specify) \_\_\_\_\_

Do you have any concerns you feel your child's teacher or counselor needs to know?

Are there any special areas where your child or your family could use special assistance? (example: housing, food, clothing, school supplies)

Does your child have any special interests, activities or abilities? (we use this information to introduce students with similar interests)