

PARENT QUESTIONNAIRE

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

1. CHILD'S NAME _____ AGE _____ GRADE _____
SCHOOL _____

2. HAS YOUR CHILD RECEIVED SPECIAL SERVICES IN ANY OF THE FOLLOWING WITHIN THE LAST YEAR?

- | | |
|---|---|
| <input type="checkbox"/> Title 1 Reading or Basic Skills | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Speech and Hearing | <input type="checkbox"/> Math |
| <input type="checkbox"/> Talented & Gifted (TAG) | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> IEP (Individualized Education Program) |
| <input type="checkbox"/> English as a Second Language (ELL) | <input type="checkbox"/> Other (Specify) |

3. DO YOU HAVE ANY CONCERNS YOU FEEL YOUR CHILD'S TEACHER OR COUNSELOR NEEDS TO KNOW?

4. DO YOU FEEL THAT THERE ARE ANY SPECIAL AREAS WHERE YOUR CHILD OR FAMILY COULD USE SPECIAL ASSISTANCE?

5. WOULD YOU BE AVAILABLE TO DO VOLUNTEER WORK AT THE SCHOOL? _____

6. NAME OF LAST SCHOOL ATTENDED _____

PARENT/GUARDIAN SIGNATURE

DATE