

# Parent or Guardian Survey

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

**Please answer the following questions to help us teach your child in the best way that he or she learns. Thank you!**

1. Describe your child's personality. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Can your child switch from one activity to another easily? (Circle one.) Yes   No   Sometimes

3. What kinds of activities are easy for your child? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. What kinds of activities are hard for your child? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. What has your child done that makes you proud? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. What has your child done that makes you upset? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Did your child have learning or behavioral difficulties before the age of 5? (Circle one.) Yes   No

8. Does your child have any special talents? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## Parent or Guardian Survey (Cont'd)

9. What specific problems did you notice your child experiencing? \_\_\_\_\_

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

10. Does your child make plans with friends in advance? \_\_\_\_\_

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

11. Does your child have friends in the community? (Circle one.)      Yes    No    Sometimes

12. What has the school done that has been the most helpful? \_\_\_\_\_

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

13. What could the school do that would be helpful to you in the future? \_\_\_\_\_

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

14. What does your child like and dislike about school? \_\_\_\_\_

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

15. What has been the most stressful part of being a parent or guardian of your child? \_\_\_\_\_

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

16. Has your child received any services outside of school, such as speech therapy, counseling, tutoring, testing, or others? (Circle one.)      Yes    No

17. Which family member(s) does your child enjoy spending time with at home? \_\_\_\_\_

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

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## Parent or Guardian Survey (Cont'd)

18. What activities does your child like to do at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. What activities at home does your child dislike doing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. What foods or snacks does your child like? Dislike? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Does your child do chores and work at home without reminders? (Circle one.) Yes   No   Sometimes

22. Does your child misplace or lose his or her belongings, including favorite ones? (Circle one.) Yes   No   Sometimes

23. Does your child remember to bring books and materials needed to do homework? (Circle one.) Yes   No   Sometimes

24. Does your child need help when doing homework? (Circle one.) Yes   No   Sometimes

25. Which method of communication with the school do you prefer? (Circle your answer.)  
 Phone calls   Notes   Progress reports   Email

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

