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? ________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
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? ____________
    ________________________________________________________________________________
    ________________________________________________________________________________
    ________________________________________________________________________________
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 __________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________