

Parent/Guardian Questionnaire

1. Child's first name: _____ Last name: _____

2. You may wish to list **any important personal information about your child** that I should know in order to work with him or her (if applicable), such as:

- health problems
- allergies
- emotional issues
(e.g., anxiety, easily frustrated)
- custody issues
- LD or ADHD diagnosis
- other info

3. Please list a few of your child's biggest strengths and interests...

a) in school

a) out of school

4. What does your child struggle with at school? What are your goals for your child at school this year (academically and/or socially)?

5. Parent/Guardian contact information

	Main Contact for discussing the child's progress and behaviour (non-emergency)	Optional: Second Contact for discussing the child's progress and behaviour (non-emergency)
Name		
Relationship to child		
Lives in same household as child? Y / N		
English proficiency: Please circle the best description	a) Fully proficient b) Workable understanding – translation may only be needed for complex matters c) Translation will be required	d) Fully proficient e) Workable understanding – translation may only be needed for complex matters f) Translation will be required
Best phone number to be reached at:		
Best hours for this number:		
(Optional) Alternate phone number to be reached at:		
Best hours for alternate number:		
Email address for communications from teacher:		
Email checked regularly (at least once a day)? Y / N		

6. Additional Information:

Will the student normally take the **school bus home**? Y / N _____

Will the student normally be **going home at lunch** time? Y / N _____

Has your child's **vision** been tested within the last 12 months? Y / N _____

Will your child have access to the Internet for doing school work this year? Y / N _____