

PARENT QUESTIONNAIRE**Student Name:** _____ **Grade:** _____**Parent Name:** _____ **Date:** _____

Please complete and return at your earliest convenience. This information will be included in the evaluation report. Thank you.

- What is the student's current living situation? _____

- What are the student's responsibilities at home? _____

- ✓ Does he/she need reminders? _____

- ✓ How much support does he/she need? _____

- What does the student do well at home? _____

- How does the student prefer to spend his/her spare time? _____

- How do you feel the student is doing in school? _____

- ✓ What seems to work well? _____

- ✓ What seems to work not as well? _____

- What are your current concerns for your son/daughter? _____

- What are your long-term goals for the student? _____

Is there anything else that we should know about your son or daughter? _____
