

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? _____

