

Parent Questionnaire

Student's Name: _____ Grade: _____

Name of Person completing Questionnaire: _____

Relationship to Student: _____

Please take the time to answer these questions so that I will better know how to meet your student's individual needs this school year. Return this form completed with back to school paperwork. Thank you! :)

I would like my child to participate in a small group to improve:

- Self-Esteem/Confidence
- Friendship/Relational Skills
- Anger Management/Impulse Control
- Organizational/Study Skills

Are there any additional resources that would benefit your family at home?

- Hygiene Products (ie. shampoo, soap, deodorant, toothbrush, toothpaste...)
- Clothing
- School Supplies
- Other:

what motivates your child?

My child learns best when:

Are you willing to speak to students about your career during a scheduled career day?

No

Yes

If yes, what career would you present:

What else would you like me to know about your child?

(Use back of page as needed)

