

PARENT/GUARDIAN QUESTIONNAIRE

To be completed by parent or guardian of student.

The more we know about your child and your family, the better we can help you decide if this school is the best placement for him or her. The information in this questionnaire also helps in planning after your child is enrolled. *(In joint or separate custody situations, it is helpful if each parent completes a separate questionnaire.)*

CHILD'S NAME _____ AGE _____

1. How did you learn about The Roeper School?

2. Has your child ever participated in any of Roeper's Summer Camp and/or Enrichment programs?

3. Why are you considering our school?

4. What goals and expectations do you have for the Roeper program?

5. How has your child adjusted to other school or camp experiences?

6. What activities do you enjoy as a family?

7. What are your child's favorite activities?

8. Describe your child's social interactions and peer relationships.

9. Does your child have any specific fears or anxieties?

10. How has your child reacted to unusual events (if any) such as moving, death, accident, illness?

11. Does your child have any specific health issues or allergies?

12. Is your child taking medication for any health or behavioral concerns?

13. Has your child ever been evaluated individually? _____
For example, has s/he had IQ testing, individual achievement tests, tests for learning differences (e.g., ADD/ADHD or dyslexia), or other evaluations? If yes, please explain.

14. Has your child ever had a 504 or an IEP? If so, please explain.

15. Has your child received academic support services through school or privately? _____
If yes, please explain.

16. Has your child received professional counseling or therapy? _____
If yes, please explain.

17. Has your child ever been subject to school disciplinary action (e.g., expulsion, suspension, probation)? _____
If yes, please explain.

18. Are there particular physical, psychological or behavioral areas in which your child needs help?

19. What do you consider your child's most outstanding characteristics?

20. What do you see as your child's individual educational needs?

21. Is there anything that you would like us to know that has not been included in this questionnaire?

Signature of Parent/Guardian _____

Date _____