

Parent or Guardian Survey

Student Name _____

Parent Name _____ Date _____

Please answer the following questions to help us teach your child in the best way that he or she learns. Thank you!

1. Describe your child's personality. _____

2. Can your child switch from one activity to another easily? (Circle one.) Yes No Sometimes

3. What kinds of activities are easy for your child? _____

4. What kinds of activities are hard for your child? _____

5. What has your child done that makes you proud? _____

6. What has your child done that makes you upset? _____

7. Did your child have learning or behavioral difficulties before the age of 5? (Circle one.) Yes No

8. Does your child have any special talents? _____

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Parent or Guardian Survey (Cont'd)

9. What specific problems did you notice your child experiencing? _____

10. Does your child make plans with friends in advance? _____

11. Does your child have friends in the community? (Circle one.) Yes No Sometimes

12. What has the school done that has been the most helpful? _____

13. What could the school do that would be helpful to you in the future? _____

14. What does your child like and dislike about school? _____

15. What has been the most stressful part of being a parent or guardian of your child? _____

16. Has your child received any services outside of school, such as speech therapy, counseling, tutoring, testing, or others? (Circle one.) Yes No

17. Which family member(s) does your child enjoy spending time with at home? _____

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Parent or Guardian Survey (Cont'd)

18. What activities does your child like to do at home? _____

19. What activities at home does your child dislike doing? _____

20. What foods or snacks does your child like? Dislike? _____

21. Does your child do chores and work at home without reminders? (Circle one.) Yes No Sometimes

22. Does your child misplace or lose his or her belongings, including favorite ones? (Circle one.) Yes No Sometimes

23. Does your child remember to bring books and materials needed to do homework? (Circle one.) Yes No Sometimes

24. Does your child need help when doing homework? (Circle one.) Yes No Sometimes

25. Which method of communication with the school do you prefer? (Circle your answer.)
 Phone calls Notes Progress reports Email

Other _____

