

Parent/Guardian Questionnaire

(For a parent to fill out and return to school)

Student _____

Grade _____

Completed by _____

Date _____

1. What are the student's greatest strengths?

2. What are your greatest academic concerns for the student?

3. What are your greatest behavioral concerns for the student?

4. How well does the student get along with peers?

5. Describe any developmental or medical challenges the student has had over the years as well as any current medications.

6. What are your goals for the student?

7. Please add any additional comments or concerns below.
