

Parent Questionnaire

CONFIDENTIAL

Student's Name: _____

Parent's Name(s): _____

Date sent: _____ Please reply by: _____

Your child was referred to the _____ Student Assistance Team by _____
for the following concerns:

- behavior academics health attendance

1. After talking with your child's teacher, do you understand why your child is being referred?
 Yes No
2. Do you want to meet with your child's teacher or case manager to discuss the referral?
 Yes No
3. Please share any concerns that you may have about your child.
4. How can the school help?
5. What has been the most successful way to solve problems with your child?
6. What is your child good at doing and what does your child enjoy?
7. What makes you proud of him/her?
8. In the past year has your child been seen by a doctor and why?
Dr. _____ for _____
Dr. _____ for _____
9. Please list any medications your child is taking:
_____ for _____
_____ for _____

PLEASE COMPLETE THE RATING SCALE ON THE OTHER SIDE

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Please have one or both parents (or another family member) complete the following statements using this rating scale:

Always (4)

Usually (3)

Sometimes (2)

Seldom (1)

Never (0)

Completed by: _____

Completed by: _____

- _____ 1. Finishes what he/she begins.
- _____ 2. Does the things I ask him/her to do.
- _____ 3. Is happy.
- _____ 4. Gets along with his/her friends.
- _____ 5. Takes good care of belongings.
- _____ 6. Helps at home.
- _____ 7. Makes me proud.
- _____ 8. Reliable.
- _____ 9. Shares.
- _____ 10. Cries easily.
- _____ 11. Talks back.
- _____ 12. Hits/hurts others.
- _____ 13. Lies.
- _____ 14. Is afraid.
- _____ 15. Must be reminded to do things.
- _____ 16. Gets hurt.
- _____ 17. Feels sick.
- _____ 18. Fights.
- _____ 19. Ruins things.
- _____ 20. Teases others.
- _____ 21. I trust my child.
- _____ 22. Behaves appropriately in public.
- _____ 23. My child enjoys school.
- _____ 24. Reads at home.
- _____ 25. Completes homework.

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