

INTERVENTION AND REFERRAL SERVICES

SAMPLE PARENT QUESTIONNAIRE

Confidential

Student's Name: _____
Parent's Name: _____
Date: _____

- 1) What do you see as your child's strengths?

- 2) What makes you proud of your child?

- 3) What does your child do that causes you the most concern?

- 4) What has been the most successful way to deal with your child's behavior?

- 5) How can the school assist you with the concerns you have for your child or the concerns that have been identified by the school?

- 6) In the past school year, has your child been seen by a doctor for anything other than a common illness? If so, what caused you to take your child to the doctor?

- 7) Has your child been seen by a health professional for any physical or emotional problem that interfered with your child's success in school?

- 8) What other information about your child or your family situation would be helpful for the school to know?

Please use the following rating scale to answer the questions below:

Always (4) Most of the Time (3) Hardly Ever (2) Never (1)

- _____ 1) Finishes what she/he begins.
- _____ 2) Does the things I ask her/him to do.
- _____ 3) Appears content.
- _____ 4) Gets along with her/his friends.
- _____ 5) Takes good care of her/his things.
- _____ 6) Helps at home.
- _____ 7) Makes me proud.
- _____ 8) Obeys.
- _____ 9) Shares.
- _____ 10) Cries easily.
- _____ 11) Talks back.
- _____ 12) Hits.
- _____ 13) Lies
- _____ 14) Appears afraid.
- _____ 15) Must be reminded to do things.
- _____ 16) Gets hurt often.
- _____ 17) Feels sick often.
- _____ 18) Fights.
- _____ 19) Ruins things.
- _____ 20) Teases others frequently.
- _____ 21) Threatens others.
- _____ 22) Has trouble remembering things.
- _____ 23) Accepts criticism.
- _____ 24) I trust my child
- _____ 25) I know what to expect from my child.

Please return the completed questionnaire in the enclosed envelope to the following address:

*Scholastic School
Academic Avenue
High Standards, NJ 00000*