



Superior Success

PARENT QUESTIONNAIRE

Student Name _____ Date of birth: _____ Date _____

Grade _____ School _____

Parent/Guardian _____

Address _____ Phone _____

To assist in your child's evaluation, please answer the following questions.

STUDENT PROFILE

What is your child's area (s) of strength? List as many as you can think of.

What does your child really enjoy doing?

What does your child really dislike doing?

How would you describe your child's personality?

How would you describe your child's behavior at home and in school?

How many children are in the home? Where does this child fit in the sibling order?

Is there a history of learning difficulties in your family? Please explain.

Is there a history of drug or alcohol abuse in the family?

Has your child ever had a serious head injury? If yes, has there been a noticeable change in the child's behavior?

Was your child premature at birth?

What motivates your child?

ACADEMIC PROFILE

What is your major concern in reference to your child's academic success?

Does your child have the same concern?

Does your child require special assistance at school such as resource, 504 accommodations, speech, ELL classes etc?

What subject is the child's strongest? What is the average grade in this subject?

What subject is the child's weakest? What is the average grade in this subject?

How did your child score on the latest state exam?

In what type of environment does your child learn best?

Does your child seem to have trouble hearing? **Yes** **No**

Does your child seem to have trouble seeing? **Yes** **No**

Phonological Awareness Skills

My child has:

Difficulty recognizing or reproducing rhyming words	Rarely	Often
Difficulty naming the first or last sound in a word	Rarely	Often
Difficulty blending sounds together to make a word	Rarely	Often

Alphabet

My child has:

Difficulty learning or recalling names of letters	Rarely	Often
Difficulty learning or recalling sounds of letters	Rarely	Often

Decoding and word Recognition

My child has:

Difficulty sounding out unfamiliar words	Rarely	Often
Difficulty reading words accurately	Rarely	Often

Fluency

My child:

Makes frequent reading errors	Rarely	Often
Reads slowly	Rarely	Often

Spelling

My child has:

Difficulty memorizing words for spelling tests	Rarely	Often
Difficulty spelling words correctly	Rarely	Often

Comprehension

My child has:

Difficulty understanding what he/she read	Rarely	Often
Difficulty answering textbook questions		

Written Expression**My child has :**

Difficulty writing sentences correctly	Rarely	Often
Difficulty writing stories and reports	Rarely	Often

Handwriting**My child:**

Is slow with handwriting and copying tasks	Rarely	Often
Displays overall poor quality/illegible handwriting on written assignments	Rarely	Often

Oral Language**When *listening*, my child has:**

Difficulty understanding verbal directions	Rarely	Often
Difficulty understanding stories read to him/her	Rarely	Often

When *speaking*, my child has:

Weak or limited vocabulary	Rarely	Often
Difficulty finding the right word	Rarely	Often
Difficulty speaking with correct grammar	Rarely	Often
Difficulty explaining ideas or elaborating on thoughts	Rarely	Often

Attention:**My child:**

Has trouble organizing time and materials	Rarely	Often
Is easily distracted by sights or sounds	Rarely	Often
Does many things too quickly	Rarely	Often
Is often overactive or fidgety	Rarely	Often
Is inconsistent with classwork and homework assignments	Rarely	Often
Needs direct supervision to complete homework	Rarely	Often

Cognitive/Academic Ability**My child:**

Needs many repetitions to learn something new	Yes	No
Has difficulty learning math facts	Yes	No
Has trouble with math word problems even when they are read aloud	Yes	No
Has reading difficulties that seem unexpected compared to his/her other abilities	Yes	No

Student's Academic Development

English is a second language for my child.	Yes	No
My child was retained in _____ grade	Yes	No
My child has been in special programs (Special education, Gifted & Talented, After school, Reading Recovery, etc.)	Yes	No

Please identify the program

(s): _____

What advice would you give to our *Success Team* to ensure success for your child?
