

Parent/Guardian Questionnaire

Dear Families,

Please fill out the following questionnaire and return it to me by _____.
Thank you for your support.

Child's Name: _____

Nickname? _____

Parent(s)/Guardian(s):

Phone numbers:

Best times for me to reach you:

#1: _____

#2: _____

#3: _____

#4: _____

Siblings (names and ages):

Please tell me some of your child's *specific* strengths and/or special interests (eg. *technology, arts & crafts, history, pets, sports, books, etc.*): _____

What does your child find most challenging? (eg. *math, reading, taking turns, listening, etc.*) _____

What kinds of situations make your child anxious or upset? *(eg. loud noises, transitions, large crowds, etc.)* How does he/she tend to react? *(eg. crying, yelling, running, hiding, striking out, etc.)* _____

What comforts your child when he/she is anxious or upset? *(eg. quiet time, a favorite toy, etc.)* What makes it worse? *(eg. being asked questions, a touch on the shoulder, etc.)* Please be specific: _____

Please share any specific goals, hopes, or dreams you have for your child this year *(eg. social, emotional, academic, etc.)*: _____

Are there any other concerns or issues you would like me to know about or to watch out for? *(feel free to continue writing on back)* _____

The best way for you to reach me is via _____ at: _____.

Thank you. I look forward to working with you and with your child!

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