

## 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.)* \_\_\_\_\_

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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: \_\_\_\_\_

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

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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)* \_\_\_\_\_

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

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

— \_\_\_\_\_