

Parent Questionnaire

Instructions: Parents or Guardians, please answer the following questions to the best of your ability. Please be concise. This information will be necessary for the proper placement of your child. MS Word will allow you to type in your answers behind the questions. When finished either email back to melissajwaters@gmail.com or fax to (800) 579-1817. Any questions call Melissa at (435)229-3572.

Basic Information

Today's Date:

Parent Names:

Full Name of Child:

**** **Do you have full custody of this child:** Yes or No

If not, who does have custody or guardianship of this child?

Age of child at date of this document:

Birth date of child:

Physical address of child:

Mailing address if different:

Driving Directions if applicable for transport:

Phone numbers for parent(s) - Home:

Cell :

Work:

Email addresses:

Behavioral History

*In a brief description, what behavior or concern has promoted your decision for special placement of your child?

*****Has your child ever tried to do harm to him/herself, (suicide attempt, cutting, intentional bruising, pulling hair out, or other forms of self mutilation)?**

Harmful behavior toward animals? (many programs have therapy animals)

At what approximate age did you notice significant differences in behavior of this child?

Was this behavior related or coincide with any traumatic event in the child's life, (death of family member, moving, change of friends, divorce, etc.)?

Has your child ever been in any level of therapy or counseling, (include family counseling, individual therapy, etc.):

If so, with whom:

Can you obtain the psychological treatment records that relate to his/her history and progress?

*Formal diagnosis, if any:

Who diagnosed this child and approximately when:

*****Medications for Behavior, (current or past, dosage and frequency):**

Were the medications effective in treating your child's behavior?

Academic History

Does the child have an IEP or attend any form of Special Ed classes or other academic remedies? If so what:

Please list any extra ordinary scholastic achievements or recognitions, (such as skipping grades, etc.)

Average GPA currently:

Summary of current academic situation, (behind x number of credits or classes, summer school required, etc.):

Does the child's current GPA reflect average ability, (drop in grades, etc.)?

Have you noticed your child excelling under particular situations or doing poorly in certain situations and if so what were they?

Medical History

*****Does your child have any allergies?**

*****Please list any medical conditions that need supervision, medication or may be of concern, (food, dust or mold allergies, medication sensitivities, heat sensitivities, etc.)**

*****Any history of possible life threatening conditions MUST be listed, no exception: (Seizures, diabetes, asthma, immune deficiencies, anemia, organ failure, cancer, etc.)**

Physical limitations of any kind, (walking, running, shortness of breath):

Any medical restrictions on activities? If so, why:

Does your child wear glasses, or use hearing aid technologies of any form, if so what:

*****Current Medications for medical conditions, type and frequency: (please include inhalers, emergency epi-pens, etc).**

1 –

2 –

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***** Any other pertinent information your Educational Consultant may need to know for the placement or the safety of your child in his/her program? List concerns regarding such things as concerns regarding your child exhibiting any of the following:**

- **Suicide attempts, talk of suicide, suspicion of suicidal thoughts**
- **Run risk,**
- **Obsession with fire, or history of starting fires,**
- **Aggressive behavior, or threatening talk of violence**
- **History or likelihood of sexual promiscuity or sexual acting out,**
- **Extreme attention seeking behavior,**
- **Self-harm tendencies such as cutting, banging head, biting self, etc.**
- **Or other concerns**

NOTICE:

The information contained in this document is of a personal and confidential nature. If you have received this document in error please contact the sender immediately, and destroy this document. Thank you.

