PARENT QUESTIONNAIRE

Child_____ **School**_____ **Grade**_____

Address_____

Parent_____ **Phone**_____ **Date**_____

Parent/Guardian, please check the following that apply to your child:

GRADES:
_____Performing academically
_____Not performing academically
_____Has the child been evaluated for special academic services?

SCHOOL ATTENDANCE:
_____Absenteeism
_____Suspensions
_____Tardiness
_____Class cutting
_____Other (please explain)

PHYSICAL SYMPTOMS:
_____Frequent injuries
_____Frequent physical complaints
_____Frequent bruises, cuts, or burns
_____Signs of Depression
_____Other (please explain)
_____None of the above

HOME SITUATION:
_____Traditional Family
_____Modern Family
_____Single-Family
_____Divorced family
_____Runaway
_____Victim of abuse/neglect
_____Drug and/or alcohol abuse
_____Death or Illness in the family
_____Health Records not current (etc.)
_____No medical insurance
_____Other (please explain)

BEHAVIOR:
_____Discipline problems
_____Irresponsible, blaming, denying
_____Verbal/physical abuse to others and self
_____Obscene language, gestures
_____Disrespectful to others and self
_____Expresses negative self-concept
_____Withdrawn, loner
_____Talks of suicide
_____Sexually Active
_____Destructive
_____Stealing
_____Lying
_____Bullying
_____Fighting
_____Crying
_____Involved in a gang
_____Online surfing
_____Other (please explain

PLEASE LIST ANY OTHER CONCERNS: