

## Parent Questionnaire

<b>Child's Name</b>	
<b>Grade</b>	
<b>Birth date and Age</b>	
<b>Referred By:</b>	
<b>Is Child Adopted?</b>	
<b>Doctor</b>	

### Mother's Information

<b>Name</b>	
<b>Home Phone #</b>	
<b>Work Phone #</b>	
<b>Cell Phone #</b>	
<b>Email address</b>	
<b>Occupation</b>	
<b>Home Address</b>	
<b>Mother's Age</b>	

### Father's Information

<b>Name</b>	
<b>Home Phone #</b>	
<b>Work Phone #</b>	
<b>Cell Phone #</b>	
<b>Occupation</b>	
<b>Email address</b>	

<b>Home Address</b>	
<b>Father's Age</b>	

**People in household other than parents on previous page:** (names and ages)


**What is your perception of your child's learning needs:**


**Describe briefly your child's developmental history (language, motor, social and emotional skills):**


**Your analysis of your child's likes, dislikes, hobbies, leisure activities, behavioral and social traits:**


**School history:**


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**Other services your child currently receives, for example, counseling, vision therapy, tutoring:**


**Other services your child has received in the *past*, for example, counseling, vision therapy, tutoring:**


**Physical/mental health, including recurring illnesses or conditions such as asthma:**


**Languages other than English spoken in family:**

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**Supervision by whom after school:**


**Your goals and expectations for educational therapy:**


**Other Comments:**
