

Enrollment & Interview

PARENT QUESTIONNAIRE

Student Name _____
DOB _____ Age ___ Grade ___ Any Retentions? ___ Gr. ___

Mother's Name _____ Father's Name _____
Phone home _____ cell _____ E-Mail _____
Home Address _____
Mailing Address _____
Siblings _____

1. General concerns about your child's academic performance:
 2. Noteworthy events (friendship(s), move, separation, divorce, death, remarriage, loss of pet, fire, break-in, etc.)
 3. Please describe your child's ability to:
concentrate, remember multi-step directions, focus on the task at hand, tune-out distractions, etc.
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4. In what situations or under what circumstances do you believe your child is able to thrive or excel?

5. Does your child have any allergies or sensitivities to any foods, products, chemicals, etc.?

6. Is your child particularly drawn to any specific food or drinks?

7. Have any chronic or temporary illnesses had an effect on your child's school attendance/ participation/ performance?

8. Describe your child's general temperament (ability to cope, be patient, be flexible, etc..)

9. What are your child's academic strengths

weaknesses

10. Do you remember any distinct drop-off in grades or change in attitude toward school during any particular grade?

11. Teachers

- a. influential teacher (personality, classroom environment, teaching style, etc.)
- b. patterns in the way teachers describe your child's abilities, study habits, behavior, attitude, etc.

12. Study Habits

- a. organizational skills (ability to record assignments properly, prioritize workload, manage time effectively, etc.)
- b. self-motivation and follow through
- c. homework space & routine
- d. resources (computer with internet access, public library, home reference materials)

13. Tutoring Goal(s)

General Goal

% of time you would like spent on homework assistance

% of time you would like spent on improving general skills

14. Questions for me?
