

Home & Family Questionnaire

This questionnaire is intended to help the school understand your child better. If you have any concerns answering any questions, please leave it blank.

General Information

Child's full name: _____ Grade: ____ Age: ____ DOB: _____

Current Address: _____

Person providing this information: _____ Relationship to child: _____

Who does the child live with: ____ mother ____ father ____ both parents ____ Other (specify): _____

Parent/Guardian 1 Name: _____ Phone number: _____

Parent/Guardian 2 Name: _____ Phone number: _____

Other Guardian Names: _____ Phone number: _____

Please list all of the people in the household:

Name	Relationship to Child	Age/Grade

Language(s) spoken in the home: _____ Primary language at home: _____

Are biological parents of the child currently: ____ married ____ separated ____ divorced ____ never married

If separated or divorced, who has legal custody? ____ mother ____ father ____ other (specify): _____

If separated or divorced, how do you feel your child has adjusted to the separation/ divorce?

If joint custody, how much time is spent with each parent? _____

Are there other adults who have a significant part in raising your child? ____ yes ____ no

If so, please indicate name and relationship (step-parent, grandparent, boyfriend/girlfriend...)

Have there been any significant changes in the home over the last few years? (such as new marriages, deaths, births, address changes, family separation/divorce, job changes, etc.)

What do you feel are your child's...

Strengths: _____

Weaknesses: _____

Please describe any concerns you have for your child: _____

Health and Development:

Pregnancy and Birth:

Is child your: ____ biological child ____ adopted child ____ foster child ____ other: _____

Pregnancy lasted: _____ weeks/months Child's birth weight: _____ lbs. ____ oz.

Did the child go home from the hospital at the same time as the mother? ____ yes ____ no

If no, explain why: _____

Were there any complications in pregnancy and delivery? ____ yes ____ no

If yes, please explain: _____

Health:

Describe your child's current health: ____ excellent ____ good ____ fair ____ poor (if poor, please explain): _____

Is your child currently taking any medication? ____ no ____ yes (if yes, please list medication and what is used to treat): _____

Has your child ever been identified as having a disability? ____ yes ____ no

If so, by whom, what age, and what disability: _____

Has your child ever received psychological counseling? ____ yes ____ no

If yes, by whom (professional/agency) and when: _____

Has your child had any of the following?	Please describe and give details, dates, and/or age onset:
Serious illness	
Head injury	
Seizure or convulsions	
Surgery/ hospitalization	
History of ear infection	
Allergies and/or asthma	
Vision problems	
Hearing problems	
Frequent nightmares and/or bedwetting	
Other health problems:	

Is there a family history for the following problems:	Biological family member with the history: (parent, sister, brother, grandparent...)
Learning difficulties (reading, math, writing, etc)	
Speech or language problems (articulation, etc)	
Developmental disorder (autism, Aspergers, etc)	
Emotional problems (depression, anxiety, etc)	
Cognitive Disabilities	
School failure (failing grades, dropout, etc)	
Drug or alcohol addiction	

How would you describe your child's peer relationships and choice of friends? (i.e. how many friends? What age/gender? Is your child shy, outgoing, a leader/follower, etc): _____

How does your child feel about school? _____

How motivated do you feel your child is to learn? _____

How much time does your child spend on homework each night? _____

How much of a struggle is homework? ____not a struggle ____sometimes struggles ____often struggles

Please check any that describe your child:

<input type="checkbox"/>	Lacks motivation	<input type="checkbox"/>	Does not apologize when wrong
<input type="checkbox"/>	Steals, lies, cheats	<input type="checkbox"/>	Does not help with chores
<input type="checkbox"/>	Is not respectful to adults	<input type="checkbox"/>	Is not affectionate with family members
<input type="checkbox"/>	Does not respond well to authority	<input type="checkbox"/>	Boundless energy and poor judgment
<input type="checkbox"/>	Withdrawn and/or sullen	<input type="checkbox"/>	Cruel to animals
<input type="checkbox"/>	Disorganized, loses things often	<input type="checkbox"/>	Does not consider the feelings of others
<input type="checkbox"/>	Starts fires	<input type="checkbox"/>	Gets frustrated easily
<input type="checkbox"/>	Appears depressed/unhappy often	<input type="checkbox"/>	Explosive temperament
<input type="checkbox"/>	Destructive behavior	<input type="checkbox"/>	Frequently complains of aches and pains
<input type="checkbox"/>	Appears to have low self esteem	<input type="checkbox"/>	Prefers to be left alone
<input type="checkbox"/>	Appears to daydream or zone out	<input type="checkbox"/>	Does not accept responsibility of actions
<input type="checkbox"/>	Becomes upset with changes	<input type="checkbox"/>	Fearfulness
<input type="checkbox"/>	Frequent peer and/or family conflicts	<input type="checkbox"/>	Shows sudden burst of physical aggression
<input type="checkbox"/>	Does not appear to listen	<input type="checkbox"/>	Always worrying about something

Please share any additional information you feel would be helpful in understanding your child and helping them be successful at school. _____