

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:

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	Withdrawn and/or sullen		Cruel to animals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