

## Re-Evaluation 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

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? \_\_\_\_\_

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:**

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): \_\_\_\_\_

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	Withdrawn and/or sullen	Cruel to animals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