

St. Clair Regional Office of Education  
PARENT QUESTIONNAIRE FORM

Child \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian please check the following that apply to your child:

**GRADES:**

- Performing academically
- Not performing academically
- Has child been evaluated for special education

**SCHOOL ATTENDANCE:**

- Absenteeism
- Suspensions
- Tardiness
- Class cutting
- Other (please explain)

**PHYSICAL SYMPTOMS:**

- Frequent injuries
- Frequent physical complaints
- Frequent bruises, cuts or burns
- Signs of Depression
- Other (please explain)
- None of the above

**HOME SITUATION:**

- Traditional Family
- Modern Family
- Single Family
- Divorced family
- Runaway
- Victim of abuse/neglect
- Drug and /or alcohol abuse
- Death or Illness in the family
- Health Records not current (etc.)
- No medical insurance
- Other (please explain)

**BEHAVIOR:**

- Discipline problems
- Irresponsible, blaming, denying
- Verbal/physical abuse to others and self
- Obscene language, gestures
- Disrespectful to others and self
- Expresses negative self-concept
- Withdrawn, loner
- Talks of suicide
- Sexually Active
- Destructive
- Stealing
- Lying
- Bullying
- Fighting
- Crying
- Involved in a gang
- Other (please explain)
- None of the above

How can we help you succeed in getting your child to school? \_\_\_\_\_

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