

Parent Questionnaire

Department of Special Education and Student Services
HOWARD COUNTY PUBLIC SCHOOL SYSTEM
Ellicott City, MD 21042

Please return to _____ at school by _____ (Date)

The information on this form will be used to assist the school team in understanding your child's educational needs. Fill out the form as completely as possible; however, you have the right to not respond to any item you believe may invade your privacy. If you are unable to recall or supply some of the information requested, note that on the form.

If you have any questions, call _____ (Name and title)

STUDENT _____ BIRTHDATE ____ / ____ / ____ GRADE _____

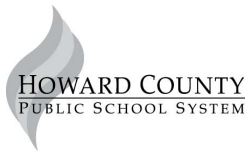
Family Information

Household Members	Relationship	Age	Education (Highest grade completed)	Occupation (If appropriate)

What are your child's strengths?

In what areas do you see your child needing support or help?

Is English the usual language spoken at home? Yes No
If No, other language: _____



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PREGNANCY AND BIRTH

Describe any serious health problems the mother experienced during the pregnancy.

In what month(s) of the pregnancy did these problems occur? _____

Birth weight _____ Apgar Scores (if known) _____

Did any of the following occur during the birth process? "

- ""Premature ""Transfusion ""Caesarian section ""Fetal distress
- ""Breech birth ""Prolonged labor ""Breathing problem ""Blood Incompatibility (RH factor)

Describe any birth problems, concerns or any difficulties your child had in learning to eat, sleep, sit, walk, or talk.

Briefly describe any traumatic or recent events that your child has experienced, for example, death of a close relative, divorce, family crisis or school situation.

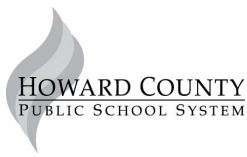
MEDICAL HISTORY

Check below any illnesses or problems that your child has had:

- ""Allergies ""Ear problems ""Hepatitis ""Serious accident or injuries
- ""Food Allergies ""Epilepsy, seizures ""Lead poisoning ""Sickle cell anemia
- ""Asthma ""Eye problems ""Meningitis/encephalitis ""Speech problems
- ""Attention deficit ""Frequent colds or ""Operations ""Temperatures above 104°
hyperactivity disorder sore throats ""Physical problem ""Tuberculosis
- ""Cerebral Palsy ""Headaches ""Reactions to immunizations
- ""Diabetes ""Heart disease
- ""Dietary problems ""Other: _____

Describe any of the problems checked above.

Describe any school related or major medical problems other family members have experienced.



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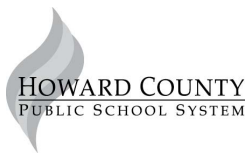
SOCIAL AND BEHAVIORAL CHARACTERISTICS - Check the statements which describe your child:

- ""Gets ideas quicklyRemembers most information once learned
- ""Doesn't seem to understand questions or directionsHas difficulty remembering information
- ""Has difficulty expressing thoughts and ideasIs creative or imaginative
- ""Takes time to understand ideas but retains it laterHas short attention span
- ""Enjoys readingIs organized
- ""Enjoys listening to storiesIs disorganized
- ""Has difficulty with letter sounds and readingHas difficulty with changes in routine
- ""Enjoys writing tasksHas difficulty completing jobs and activities
- ""Has difficulty with paper and pencil tasksIs overactive
- ""Enjoys math tasksIs under active
- "" Has difficulty using numbersIs motivated
- ""Is self-confidentLacks motivation
- ""Seldom follows directionsShows inconsistent moods or behaviors
- ""Is cooperativeHas difficulty making and keeping friends
- ""Shows aggression toward othersIs shy or withdrawn
- ""Is not always truthfulIs fearful
- "" Frequently talks to selfSpends a lot of time alone
- ""Doesn't take responsibility for behaviorHas nervous habits or tics
- ""Is likeable

Comment on any behaviors that particularly concern you.

List any private Evaluation Reports that you will provide to the school and attach the reports.

Type of Evaluation	Date of Evaluation	Name of Evaluator



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When learning a new task my child likes: "*****"to work alone "*****" to work with others "*****" to have supervision.

My child likes to express thoughts and ideas through <"*****" writing "*****"talking "*****"movement "*****"singing
other

What are your child's interests outside of school?

Does your child readily do homework? Yes "*****" No

Does your child have an established homework routine? Yes "*****" No

If yes, explain:

What do you like best about your child?

What do you find are effective ways of disciplining your child?

What is the most challenging aspect of raising your child?

Do you have concerns about the appropriateness of your child's friends? Yes "*****" No

If yes, explain.

Is there anything else you would like to tell us about your child?



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Name any other persons outside your household that have a significant impact on your child's life (for example, mentor, other family member): _____

Please make suggestions as to how the school can best meet your child's school or emotional needs.

I give my permission for the school team to use the information provided on this form to assist in identifying my child's educational needs. I understand that this information will be kept confidential and cannot be read by anyone other than Howard County Public School officials who have a legitimate educational interest. I am also aware that this information may not be sent to anyone outside of the Howard County Public School System without my permission, and that I may request that this information be removed from my child's folder if it is inaccurate, misleading, or otherwise in violation of the privacy or other rights of my child. I am also aware that I may request a copy of this completed form for my own records.

Signature Date
Relationship to student: _____

Signature of Recorder Date
(When appropriate)