

**Parent Questionnaire** - *Helping me help your child.*

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Language(s) Spoken \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Best Phone #(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

Home Address \_\_\_\_\_

What is your goal in seeking specialized learning support for your child?  
How can I best support you, as the parent?

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Are there any developmental delays, learning challenges, or special circumstances that might impact our work, or that I should be aware of?

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Describe your child's strengths and areas of passion.

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Describe your child's hobbies and active pursuits.

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Describe your child's challenges.

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How does your child feel about school? What are his/her favorite and/or least favorite things about school?

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How does your child deal with transitions to new situations such as embarking on a new school year or trying a new and unfamiliar activity?

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Does your child have any organizational difficulties?

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Is there anything else that you would like to share with me?

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