

**INTERVENTION AND REFERRAL SERVICES
PARENT QUESTIONNAIRE**

Student's Name: _____

Parent's Name: _____

Date: _____

1) What do you see as your child's strengths?

2) What makes you proud of your child?

3) What does your child do that causes you the most concern?

4) What has been the most successful way to deal with your child's behavior?

5) How can the school assist you with the concerns you have for your child or the concerns that have been identified by the school?

6) In the past school year, has your child been seen by a doctor for anything other than a common illness? If so, what caused you to take your child to the doctor?

7) Has your child been seen by a health professional for any physical or emotional problem that interfered with your child's success in school?

8) What other information about your child or your family situation would be helpful for the school to know?

Please use the following rating scale to answer the questions below:

Always (4) Most of the Time (3) Hardly Ever (2) Never (1)

- 1) Finishes what she/he begins _____
- 2) Does the things asked to do _____
- 3) Appears content _____
- 4) Gets along with friends. _____
- 5) Takes good care of belongings _____
- 6) Helps at home _____
- 7) Makes me proud _____
- 8) Obeys _____
- 9) Shares personal belongings _____
- 10) Cries easily _____
- 11) Talks back _____
- 12) Hits siblings _____
- 13) Lies _____
- 14) Appears afraid. _____
- 15) Must be reminded to do things _____
- 16) Gets hurt often _____
- 17) Feels sick often _____
- 18) Fights _____
- 19) Teases others _____
- 20) Threatens others _____
- 21) Has trouble remembering things _____
- 22) Accepts criticism _____
- 23) I trust my child _____