

School Age

Parent Concern Questionnaire: Please complete and return to _____ by _____
 Name Date

Dear Parent – Please complete this questionnaire to the best of your ability. This is our first step in getting to know your child. It will help us understand the concerns that you have about your child. You will have a chance to provide us with more details once we have an idea of what concerns you most about your child.

Child's Name: _____ Date of Birth: _____

On a rating scale from 1 (I am not concerned) to 5 (I am very concerned), rate your concern about your child.

	Not concerned			Concerned	
<input type="checkbox"/> Reading	1	2	3	4	5
<input type="checkbox"/> Writing	1	2	3	4	5
<input type="checkbox"/> Math	1	2	3	4	5
<input type="checkbox"/> Listening	1	2	3	4	5
<input type="checkbox"/> Speaking	1	2	3	4	5
<input type="checkbox"/> Behavior	1	2	3	4	5
<input type="checkbox"/> Self care	1	2	3	4	5
<input type="checkbox"/> Motor skills	1	2	3	4	5
<input type="checkbox"/> Health	1	2	3	4	5
<input type="checkbox"/> Attention & Focus	1	2	3	4	5

Provide additional comments about any of the areas that you checked. _____

What is your child's attitude toward school? _____

Does your child talk about feeling anxious about attending school? _____

What is your child's favorite school subject? or school activity? _____

What is your child's least favorite school subject? or school activity? _____

Who helps your child with homework? _____

Please describe concerns that you have regarding homework. _____

What is your child's area of strength? _____

What are your child's interests outside of school? _____

What is motivating for your child? _____

Other concerns or comments that you would like to share.

Completed by: _____
 Name

_____ Date