



Parent Questionnaire

1. What are your child's three (3) greatest attributes?
 - a. _____
 - b. _____
 - c. _____

2. What character strengths does your child have?
 - a. _____
 - b. _____
 - c. _____

3. What special talents does your child have?

Music _____ Art _____ Drama _____ Athletics _____

Other _____

4. Please identify any special hobbies or areas of interest for your child:

5. What are your child's most obvious skill strengths?

6. What are your academic or vocational goals for your child?

7. In what ways do you feel your child learns best? (1-4 order)

_____ seeing things done	_____ Hearing things explained
_____ having things demonstrated	_____ Experimenting on his/her own

8. What academics or activities frustrate your child?

9. Does your child have difficulty remaining focused or staying on task? Yes ___ No___

On academic tasks? Yes ___ No___

On activities such as Legos, computer games? Yes ___ No ___

10. Do you know of anyone in your family who experienced difficulty learning in school?

If yes, whom?

11. What major stresses, if any, have occurred in the family within the past year?

12. Were there any significant delays with your child reaching developmental milestones?

13. Is there anything else we should know about your child or family?

14. Who referred you to Charles Armstrong School?

Parent Questionnaire completed by:

Parent: _____

Date _____