



Parent Questionnaire

We want to understand your child as well as you do.

Please fill out this questionnaire as completely as possible. Thank you.

Parents Married Divorced Separated

Child lives with Mom and Dad Mom Dad Grandparent Other

Names and ages of other family members (residing in household)

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

School History

Please list all school and grades attended.

Grade	School	Dates Attended	Reason for Leaving

Has he/she repeated any grades? Yes No If yes, which? _____

Medical History

Please list any medical conditions such as allergies, seizures, high fevers, accidents, serious illnesses, or hospitalizations that have been significant to your child's well-being.

Medical Condition or Event	When	Resolved?

Medication

Please list all medications your child is currently taking and why.

Medication	Dosage	Purpose of Medication	Prescribing Physician

Special Education, Services, or Tutoring

Please list any special education or tutoring (public or private) that your child has received.

Service Provider	Phone Number	Date	Services Received

Speech, Occupational or Physical Therapy

Please list any speech, occupational or physical therapy your child has received.

Therapist	Phone Number	Date	Diagnosis

Psychologist, Counselor, Other Therapist

Please list any psychologists or agencies that have evaluated or counseled your child, or diagnosed them with a learning difference.

Therapist	Phone Number	Date	Diagnosis

Early intervention is critical and greatly enhances your child’s educational success.

Although children’s growth patterns vary among individuals and within individuals, **uneven development or significant delays** in development can signal the presence of a learning problem. It is during the elementary school years that learning problems frequently become apparent as the student is expected to deal with more complex learning tasks.

Any child may occasionally exhibit one or two of these behaviors in the course of normal development. It is important to keep in mind that the behaviors listed below must ***persist over time*** to be considered warning signs.

Please check the areas that concern you as a parent, compared to children their own age.

VISUAL	MOTOR OUTPUT
Reversals: <i>b</i> for <i>d</i> , <i>p</i> for <i>q</i> (past the age of 6)	Distortions in gross motor functions – cannot skip, hop, hit ball, etc.
Cannot copy accurately	Difficulty cutting, pasting, coloring, writing
Rereads or skips lines while reading	Can point to correct spelling, but cannot copy it accurately
Sequencing errors (<i>was/saw</i> ; <i>no/on</i>)	
Erases excessively	ATTENTION
Holds pencil too tightly	Difficulty with sustained attention
Difficulty cutting, pasting	Fidgety: drums fingers, taps toes, fiddles with objects, makes mouth noises, incessant talking
Messy papers	Negative or oppositional behavior
No space between written words	Impulsive behavior
	Perseveration: constant repetition of an idea, inability to move on to a new idea
CONCEPTUAL	Difficulty changing activities
Cannot read social situations; does not understand body language	Difficulty staying on task
Does not see relationship between similar objects	Disorganized: loses books, papers, lunch box, coat, homework
Does not understand time relationships: yesterday, today, tomorrow, after/before, 15 minutes vs. 2 hours, “hurry”	Low tolerance for frustration
Does not understand emotion, concepts such as beauty, bravery	Cannot finish assignments in allotted time
Classroom comments are frequently ‘off track’, or reasons in unusual ways	Overreacts to stimuli

AUDITORY/LANGUAGE		SOCIAL BEHAVIOR	
Difficulty understanding speech in noisy situations		Trouble interacting with others	
Trouble listening and hearing in groups		Avoids group activities	
Seems to hear, but does not understand what people are saying		Fearful, anxious, tense, insecure	
May be withdrawn or passive		Prone to sudden and extreme mood changes	
Often has below-average reading, spelling, speech, language, phonics or other academic skills		Immature behavior; babyish, seems younger, dependent	
Does not understand concepts such as over/under, around/through, first/last, front/back, up/down			
History of ear infections and PE tubes		MEMORY	
Has difficulty understanding or following directions		Cannot remember what was just seen or heard	
Has trouble taking notes		Appears to know something one day, but not the next	
Had late onset of language development and/or articulation		Cannot remember spelling for common or frequently encountered words	
		Remembers things from long ago, but not recent events.	

Please write a brief description of your child. _____

Please check all words below that describe your child:

Happy	Shy	Loving	Curious	Stubborn	Quiet
Dependent	Moody	Withdrawn	Verbal	Fearful	Inattentive
Aggressive	Friendly	Sympathetic	Impulsive	Creative	Sensitive
Attentive	Affectionate	Serious	Good-natured	Active	Even-tempered
Independent	Nervous	Enthusiastic	Bossy	Emotional	Passive

Please describe your child's previous school experience _____

What are your child's major strengths? _____

What is your child's area of greatest need? _____

What do you hope will be included in your child's Summit Academy program? _____

Does your child eat breakfast? _____ Is your child an enthusiastic, picky, or so-so eater? _____

What are your child's favorite foods? _____

Are there any foods or drinks that your child should not have? _____

How many hours of television does your child generally watch each day? _____

What are his/her favorite programs? _____

What are your child's favorite activities/ hobbies? _____

Does your child have any special fears? _____

Does your child have a history of behavioral difficulty, either in relationships to family, peers, or in academic settings? If so, please describe: _____

Are there neighborhood friends or playmates? _____

If so, with what age children does your child usually play? _____

Does your child accept correction easily? _____

What is the method of correction or behavior modification used in your home? _____

Is there any other information you would like to share with our teachers that could help your child's year happy and successful? _____

For Pre-K and Kindergarten ONLY: Is your child toilet trained? Yes No

If not, describe assistance needed and words used: _____

Thank you for filling out the Parent Questionnaire.

Please bring in, or mail in:

- Parent Questionnaire
- Current Teacher Questionnaire
- Copies of any testing results
- Several examples of recent school work

Summit Academy

Attn: Admissions Office

11508 Main Street

Louisville, KY 40243