Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Instructions: Please complete this questionnaire and return it to the counselor’s office at the school. Thank you.*

1. My child needs to focus more on schoolwork? Yes No Sometimes
2. My child chooses responsible friends? Yes No Sometimes
3. My child enjoys school? Yes No Sometimes
4. I help my child with homework? Yes No Sometimes
5. My child does well in school? Yes No Sometimes
6. My child spends too much time alone? Yes No Sometimes
7. My child fights with other children too much? Yes No Sometimes
8. My child is very hard on herself or himself and

occasionally self-injures? Yes No Sometimes

1. My child spends too much time on the computer,

The cell phone, a listening device, or other technology? Yes No Sometimes

1. My child gets along well with most teachers? Yes No Sometimes
2. I would like to be involved in parent programs at

school to help me learn about my child. Yes No Sometimes

1. I am interested in volunteering at my child’s school? Yes No Sometimes

Comments/Suggestions: