

P.A.C. PARENT QUESTIONNAIRE

STUDENT NAME _____

CONTACT INFORMATION:

PARENT NAME _____

PHONE NUMBER (HOME) _____ (CELL) _____

1. Who are the people living in the home with your child?
Have there been any changes recently?
2. What do you see as your child's strengths?
3. Have you noticed any significant changes in behavior?
Physical appearance? Habits?
4. What has been the most successful way to deal with your child's behavior?
5. How can the school assist you with your child's academic needs?
6. Has your child had any serious illness or injury that may impact their education?
Is your child currently on any medication? What medication? Reason?
7. Does your child share his thoughts and feelings with you? With anyone else?
8. Who assumes the primary responsibility for discipline in your family?
9. Is there anything you would like to share?

PLEASE USE THIS RATING SCALE FOR THE FOLLOWING QUESTIONS:

4- ALWAYS 3- MOST OF THE TIME 2- HARDLY EVER 1- NEVER

- _____ 1. Finishes what he/she begins
- _____ 2. Does the things I ask him/her to do
- _____ 3. Is happy
- _____ 4. Gets along well with friends
- _____ 5. Helps at home
- _____ 6. Cries easily
- _____ 7. Talks back to parents/siblings
- _____ 8. Lies
- _____ 9. Is often afraid of things
- _____ 10. Must be reminded to do things
- _____ 11. Feels sick often
- _____ 12. Fights
- _____ 13. Teases others frequently
- _____ 14. Shares possessions
- _____ 15. I trust my child

If you have any questions, please call: _____

Please return this questionnaire in the enclosed envelope.