

## TELL US ABOUT YOUR CHILD...

Special Attachments \_\_\_\_\_

\_\_\_\_\_

Likes and Dislikes \_\_\_\_\_

\_\_\_\_\_

Toileting Name \_\_\_\_\_

Fears \_\_\_\_\_

\_\_\_\_\_

How is your child's anger expressed? \_\_\_\_\_

\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

\_\_\_\_\_

Has your child been separated from you? \_\_\_\_\_

How did he/she handle it? \_\_\_\_\_

Your child's strengths \_\_\_\_\_

\_\_\_\_\_

Additional information about your child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# PARENT INVOLVEMENT QUESTIONNAIRE

Child's First and Last Name \_\_\_\_\_

Name he/she goes by \_\_\_\_\_ Age of Child \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Hobbies or special talents: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Hobbies or special talents: \_\_\_\_\_

Do you know anyone who has an interesting job or special talents that would be willing to share them with our students or allow them to visit for field trips? \_\_\_\_\_  
\_\_\_\_\_

Other comments or suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_