

rites summer programs

PARENT QUESTIONNAIRE

Please respond to each of the following questions, as they pertain to your child.
(Use a separate sheet, if needed.)

1. Please describe your child's academic strengths and weaknesses.

2. What do you hope to gain for your child from this program?

3. Has your child received any extra help in school (tutoring, resource, etc.)?

Yes No If "Yes," please explain the specific type of help and the timeline.

4. Has your child been evaluated as a result of academic difficulties?

Yes No If "Yes," what tests were given, where and by whom?

5. Has your child repeated a grade? If so, which grade? _____

6. Is your child currently taking any medication related to his or her learning difficulties?

Yes No If "Yes," please indicate specifics.

7. Are there any special circumstances (physical, emotional, etc.) of which we should be aware?

Yes No

8. How did you find out about our program?

9. Is there any other information you would like to share with us?
