

Child's Name (Last, First, MI)



School Age Questionnaire

(5 K/6 YEARS – 10 YEARS)

1. Does your child have any allergies or special needs?	Yes	No
2. What motivates your child to put forth his/her best effort/cooperation?		
3. What is your child's temperament (i.e. sensitive, energetic, outgoing, etc.)?		
4. What are your child's likes/dislikes?		
5. What do you consider your child's strengths?		
6. What challenges do you most often experience with your child and/or what educational goals do you feel needs to be addressed at this time?		
7. What is your child's favorite subject in school?		
8. What is your child's least favorite subject in school? What does he/she struggle with the most?		
9. What else should we know about your child? (Please continue on back or separate sheet of paper if necessary)		

(Continued – more information for previous questions):