

School Age Questionnaire

This questionnaire is for parents of school age children. This allows school-age programs a way to identify meaningful, efficient, and engaging ways to share important information with parents.

Child's Name: _____ Date: _____

Age: _____ Gender: M F (circle one) Grade in School: _____

Name of School Attending: _____

Primary Language Spoken at Home: _____

ACADEMIC SUCCESS

How would you like to see your child work on homework during our afterschool program?

What types of materials does your child like to read or like to hear when read to?

Does your child enjoy science, math, or technology?

Is your child receiving any special services at school or in the community that we need/should be aware of?

PERSONAL/SOCIAL DEVELOPMENT

How would you describe your child in a couple of words?

How does your child play or interact with other children?

How adaptable is your child to change?

How does your child react and adjust to new situations and new people?

Does your child go to adults when in need of assistance?

Does your child understand the need for basic "rules"? Does your child follow basic "rules"?

What do you think are your child's best qualities?

How do you describe your child's temperament?

INTERESTS & FAVORITE ACTIVITIES

Please put a check mark next to the activities below in which your child participates:

<input type="checkbox"/> Soccer	<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Baseball/Softball
<input type="checkbox"/> Dance	<input type="checkbox"/> Hockey	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Jump Rope
<input type="checkbox"/> Music	<input type="checkbox"/> Singing	<input type="checkbox"/> Painting	<input type="checkbox"/> Drawing
<input type="checkbox"/> Games	<input type="checkbox"/> Puzzles	<input type="checkbox"/> Science	<input type="checkbox"/> Reading

What else would you like us to know about your child?