

Bowman Woods Elementary School
Parent/Guardian Questionnaire

Please take a few minutes to fill out the following questionnaire. This will enable us to meet the special needs of your son/daughter in the most timely manner possible.

1. Child's Name _____ Age _____ Grade _____

2. Has your child received special services in any of the following areas within the last year?

ADD/ADHD (Attention Deficit Disorder)	Psychological Testing
Behavioral Disability	Reading Improvement
English Language Learner (ELL)	Reading Recovery
Guidance and Counseling	Special Education Program
Learning Resource Program	Talented & Gifted
Mathematics	Title 1 Reading/Math
Mental Disability	Health Plan

3. Does your student have a current IEP? _____ If yes, in what area(s):

Reading	Written language
O.T./P.T.	Speech & language
Math	Vision
Hearing	

4. Does your child have a 504 Plan? _____ If yes, in what area? _____

5. Has your child ever been retained? No _____ Yes _____ Grade _____

6. List any concerns you feel your child's teacher and/or the counselor need to know.

7. Does your child have any special medical problems (including allergies)? _____

8. Are there any areas where your child or family could use special assistance? _____

9. Are there any special custody regulations regarding your child? _____

10. Has your child participated in Band _____ Instrument _____

Orchestra _____ Instrument _____

Parent/Guardian Signature _____

Date _____