



_____ (school year)

Ocean Palms Elementary School

Parent Questionnaire

1st - 5th GRADE STUDENT

Student's Name: _____ **Grade Entering:** ____ **Age:** ____ **Birth Date:** _____

Previous Teacher or School: _____ **Gender:** F ____ M ____

| HEALTH CONCERNS/CONDITIONS/ILLNESSES | |
|--|-----------------------------------|
| Describe: | |
| SPECIAL PROGRAMS | |
| Does your child have an IEP or EP (receiving special education services)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please check all that may apply: | |
| <input type="checkbox"/> ESE <input type="checkbox"/> Speech <input type="checkbox"/> Language <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> 504 <input type="checkbox"/> ESOL/ELL <input type="checkbox"/> RTI <input type="checkbox"/> Gifted | |
| CHILD'S LEARNING ENVIRONMENT | |
| Please check up to <u>THREE</u> characteristics below, which you feel BEST describe your child: | |
| <input type="checkbox"/> <i>Acquisition:</i> Likes to read, listen to presentations, watch videos or demonstrations. | |
| <input type="checkbox"/> <i>Discussion:</i> Likes to participate in class, express ideas, answer questions, give speeches/presentations. | |
| <input type="checkbox"/> <i>Investigation:</i> Likes to explore, experiment, research, play games, learn through hand-on activities. | |
| <input type="checkbox"/> <i>Practice:</i> Likes or needs to be given time and repetitive activities to master material. | |
| <input type="checkbox"/> <i>Collaboration:</i> Likes to work in groups. | |
| <input type="checkbox"/> <i>Production:</i> Prefers to work independently. | |
| <input type="checkbox"/> <i>Creativity:</i> Likes projects that allow for creative expression. | |
| <input type="checkbox"/> <i>Challenge:</i> Thrives in a competitive/challenging environment. | |
| CHILD'S SOCIAL AND EMOTIONAL TRAITS | |
| Please circle: Extra Guidance Needed 1 2 3 4 Independent | |
| Describe: | |
| SUBJECTS | |
| Which Subjects does your child excel in? <input type="checkbox"/> Reading <input type="checkbox"/> Math Other: _____ | |
| Which Subjects does your child need development in? <input type="checkbox"/> Reading <input type="checkbox"/> Math Other: _____ | |
| What are your child's INTERESTS ? | What MOTIVATES your child? |