



GRADE ENTERING: _____

Ocean Palms Elementary School Parent Questionnaire

_____ (school year)

Student's Name: _____ **Age:** _____ **Birth Date:** _____

Has your child ever been retained? ___Y ___N **If Yes, retention grade:** _____

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

HEALTH CONCERNS/CONDITIONS

Describe:

SPECIAL PROGRAMS

Does your child have an IEP or EP (receiving special education services)? ___Yes ___No

Please check all that may apply:

___ESE ___Speech ___Language ___OT ___PT ___504 ___ESOL/ELL ___RTI ___Gifted

CHILD'S LEARNING ENVIRONMENT

Please check **up to THREE** characteristics below, which you feel BEST describe your child:

___ *Acquisition*: Likes to read, listen to presentations, watch videos or demonstrations.

___ *Discussion*: Likes to participate in class, express ideas, answer questions, give speeches/presentations.

___ *Investigation*: Likes to explore, experiment, research, play games, learn through hand-on activities.

___ *Practice*: Likes or needs to be given time and repetitive activities to master material.

___ *Collaboration*: Likes to work in groups.

___ *Production*: Prefers to work independently.

___ *Creativity*: Likes projects that allow for creative expression.

___ *Challenge*: 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? ___Reading ___Math Other: _____

Which Subjects does your child **NEED development** in? ___Reading ___Math Other: _____

What are your child's **INTERESTS**?

What **MOTIVATES** your child?