

Questionnaire 2011-2012



North Park Elementary School

Applicant's Name

FAMILY AND SOCIAL EXPERIENCES

1. Describe your child's travel experiences: _____

2. List any organizations (religious, social, sports-based, etc.) that your child and family associate with:

3. With whom does your child prefer to play (e.g., girls, boys, alone, younger children, adults, siblings)?

4. Would you say your child is a leader or a follower? _____

5. What activities does your child enjoy outdoors? _____

6. What activities does your child enjoy indoors? _____

7. What books does your child enjoy? _____

8. What television programs does your child enjoy? _____

9. How does your family spend time together most frequently? _____

10. Was your child adopted? _____ If so, at what age was he/she adopted? _____

Does your child know? _____ If so, at what age did he/she find out? _____

11. Has there been a divorce, death, illness, etc. in your family that might affect your child? Explain:

DEVELOPMENT

1. Does your child have any health problems of which the school should be aware? If so, describe:

2. What food allergies, if any, does your child have? _____

3. Describe any issues (learning, social, physical, emotional, etc.) your child has that the school should be aware of: _____

4. List any specialists (OT, PT, counseling, etc.) that your child has seen and describe the reasons for the visit(s): _____

5. Is your child right or left-handed? _____

6. How does your child handle new or strange situations? _____

7. Every child has problems, what kind of problems do you have most often with your child? _____

8. For what is your child most often disciplined? _____

9. How do you discipline your child? _____

10. Describe your child's interests, hobbies, and special talents: _____

11. What would you say are your child's strengths? _____

12. What would you say are your child's weaknesses? _____

SCHOOL ADJUSTMENT

1. Why are you interested in enrolling your child at North Park Elementary School? _____

2. For how long is your child able to sit still and listen to a story? _____

3. How well does your child listen without interrupting while someone else talks? _____

4. How well does your child share with others and take turns? _____

5. How does your child respond when given directions? _____

6. What else would you like your child's teachers to know about your child? _____



Information Release

I authorize the release of information regarding _____
(Child's Name)
to North Park Elementary School, 2017 W. Montrose Ave., Chicago IL 60618.

Child's Current School: _____

Address: _____

Phone Number: _____

Child's Teacher: _____

I understand this includes educational, social, psychological, and medical information.
This may take the form of either oral or written communication.

Signature: _____

Relationship to Student: _____

Date: _____