

**Claysburg-Kimmel Elementary Intervention Team
Parent Questionnaire**

Student: _____

Date: _____

Grade: _____

1. What do you see as your child's strengths? _____

2. What makes you proud of him/her? _____

3. What does your child do that causes you the most concern? _____

4. What has been the most successful way to deal with your child's behavior? _____

5. In the past year, has your child been seen by a doctor for anything other than a common childhood illness? If so, what caused you to take your child to the doctor? _____

6. Has your child been seen by a health professional for any physical or emotional problem that interfered with his/her success in school? _____

7. Has any changes recently occurred with your child or family that would interfere with school? (ex: death, divorce, hospitalization, housing, etc.)

Please use the following rating scale for each of the following statements about your child.

1-never 2-seldom 3-sometimes 4-usually 5-always

- | | | |
|---------------------------------------|---|-----------------------|
| _____ finishes what he/she begins | _____ does the things I ask him/her to do | _____ is happy |
| _____ gets along with his/her friends | _____ takes good care of his/her things | _____ helps at home |
| _____ makes me proud | _____ obeys | _____ shares |
| _____ cries easily | _____ talks back | _____ hits |
| _____ lies | _____ is afraid | _____ gets hurt often |
| _____ must be reminded to do things | _____ feels sick often | _____ fights |
| _____ ruins things | _____ teases others frequently | _____ can be trusted |