PARENT QUESTIONNAIRE

The more we learn about your child, the better we can partner with you in deciding if EAGLE School is the best academic environment for him or her. We encourage you to answer all of the questions openly and honestly, knowing that the information you provide will not, in itself, preclude your child's acceptance. In addition, should your child be enrolled at EAGLE, this information will help us in determining how to best meet his or her educational needs.

Child's name:		Age:	
Siblings:			
1.	How did you learn about EAGLE School?		
2.	How has your child adjusted to other school or can	np experiences?	
3.	What activities do you enjoy as a family?		
4.	How does your child occupy himself/herself when a	alone?	
5.	Please describe your child's special interests and tal	lents:	
6. I	Describe your child's social interactions. Home:		
	Neighborhood:		

7.	Desc	cribe any specific fears or anxieties your child may have:
8.	How	does your child react to challenging life events such as moving, death, accident, illness?
9.	How -	does your child express frustration or anger? How do you respond?
10.	- Wha	t do you consider your child's most outstanding characteristics?
11.	Desc	cribe any physical, emotional, or social areas in which your child needs help:
12.	- Has	your child had any difficulty in meeting behavioral expectations in school? If so, please explain.
13.	Has	your child ever been suspended or expelled from school? If so, please describe the circumstances.
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Sch	ool School Contact		
Chil	ld's Name		
Yes	No		
To l	nelp us determine if EAGLE School is a good match for your child's educational needs, we sometimes contact vious teachers and schools. Do we have your permission to make these contacts?		
	Yes No		
18.	Have you attended a Parent Visiting Day at EAGLE School?		
	French Spanish		
17.	Which world language would you prefer that your child take at EAGLE School?		
16.	Has your child received support from a tutor, speech/language practitioner, or other learning specialist? If so, please elaborate.		
15.	Has your child ever been evaluated by a psychologist, psychiatrist, or social worker for issues associated with learning or behavior? If so, please describe the circumstances (include prescribed medications) and attach related reports.		
14.	Describe any circumstances related to physical, academic, or social/emotional development that may affect your child's attendance or performance in school.		