

## Response to Intervention PARENT QUESTIONNAIRE

This questionnaire is to help us understand your concerns and your child better. Please return to \_\_\_\_\_ at \_\_\_\_\_ school by \_\_\_\_\_.

<b>Student Name</b>	<b>Date of Birth</b>	<b>Date</b>
<b>Grade</b>	<b>Teacher/House</b>	<b>School</b>

### Contact Information

<b>Parent/Guardian Name</b>	<b>Language Spoken at home</b>
<b>Address</b>	<b>Phone Number</b>
<b>City/State/Zip</b>	

1) What is your concern about your child's learning and/or behavior?

a) *Concerns about how my child is learning (Check ✓ all that apply)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Poor grades          | <input type="checkbox"/> Poor writing skills | <input type="checkbox"/> Does not work well by him or herself |
| <input type="checkbox"/> Disorganized         | <input type="checkbox"/> Poor reading skills | <input type="checkbox"/> Does not work well with others       |
| <input type="checkbox"/> Gives up easily      | <input type="checkbox"/> Poor math skills    | <input type="checkbox"/> Does not follow directions           |
| <input type="checkbox"/> Does not finish work | <input type="checkbox"/> Poor study skills   | <input type="checkbox"/> Other: _____                         |

b) *Concerns about how my child behaves (Check ✓ all that apply)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Easily distracted  | <input type="checkbox"/> Destroys property | <input type="checkbox"/> Is late and/or skips school/or does not want to come to school      |
| <input type="checkbox"/> Bullies others     | <input type="checkbox"/> Argues            | <input type="checkbox"/> Is sexually inappropriate (e.g. shows private body parts to others) |
| <input type="checkbox"/> Shy/withdrawn      | <input type="checkbox"/> Annoys people     | <input type="checkbox"/> Physically hurts others (e.g. hits, throws things)                  |
| <input type="checkbox"/> Is bullied         | <input type="checkbox"/> Avoided by peers  | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Steals/cheats/lies | <input type="checkbox"/> Gets mad easily   |  |

c) *Personal Concerns (Check ✓ all that apply)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Hygiene                            | <input type="checkbox"/> Hurts himself/herself | <input type="checkbox"/> Complains of nausea/vomiting       |
| <input type="checkbox"/> Weight                             | <input type="checkbox"/> Sleeps a lot          | <input type="checkbox"/> Complains of headaches             |
| <input type="checkbox"/> Nervous                            | <input type="checkbox"/> Drug/substance use    | <input type="checkbox"/> Has difficulty moving/coordination |
| <input type="checkbox"/> Medical condition (optional) _____ |  | <input type="checkbox"/> Other _____                        |

2) Where does the problem occur? (Check ✓ all that apply)

- |                                    |                                      |   |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway     | <input type="checkbox"/> Bus            |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gym         | <input type="checkbox"/> School grounds |
| <input type="checkbox"/> Home      | <input type="checkbox"/> Other _____ |   |

- 3) Have you talked with your child's teacher about these concerns?  
 Yes                       No
- 4) How long has the problem been occurring? \_\_\_\_\_
- 5) What are your thoughts as to why this is a problem? \_\_\_\_\_  
 \_\_\_\_\_
- 6) What would you like your child to be able to do? \_\_\_\_\_  
 \_\_\_\_\_
- 7) What has been tried to help your child? For example: additional tutoring, counseling, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8) What are your child's strengths? (Check  all that apply)
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Positive attitude | <input type="checkbox"/> Respectful            | <input type="checkbox"/> Works well by him or herself   |
| <input type="checkbox"/> Hard worker       | <input type="checkbox"/> Organized             | <input type="checkbox"/> Works well in groups           |
| <input type="checkbox"/> Trustworthy       | <input type="checkbox"/> Cooperates            | <input type="checkbox"/> Finishes what he or she starts |
| <input type="checkbox"/> Motivated         | <input type="checkbox"/> Responsible           | <input type="checkbox"/> Possesses leadership qualities |
| <input type="checkbox"/> Creative          | <input type="checkbox"/> Artistically inclined | <input type="checkbox"/> Handles conflict well          |
| <input type="checkbox"/> Athletic          | <input type="checkbox"/> Poor study skills     | <input type="checkbox"/> Other: _____                   |
- 9) What are your child's interests? \_\_\_\_\_
- 10) What interventions and supports do you feel your child responds to best? \_\_\_\_\_  
 \_\_\_\_\_
- 11) Are there any health/vision/hearing/medical or psychiatric difficulties we should be aware of? If yes, what are they? \_\_\_\_\_  
 \_\_\_\_\_
- 12) Medications my child is on: \_\_\_\_\_  
 \_\_\_\_\_
- 13) Is there anything else we should know about your child that has not been addressed here? For example: retentions, special education, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for your time. We look forward to working further with you.