



PARENT/GUARDIAN QUESTIONNAIRE

DeForest Area School District

STUDENT INFORMATION

Child's Name: _____ Current Grade: ____ Birth Date: _____ School: _____

Child resides with: ____ Both Parents ____ Mother ____ Father ____ Guardian ____ Foster Parents

Address: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian(s) Names: _____

Address (if different from above): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____

TODAY'S DATE: _____

1. In what areas do you feel your child excels? Please give specific examples supporting these strengths.
2. What resources and/or experiences have helped to support these strengths?
3. What do you feel the DeForest Area School District can do to better support these strengths?
4. Please summarize your child's feelings about school.
5. Please list the activities in which your child is involved in outside of school.

For office use only: (pink)

Date referral received: _____

Copies to: _____ journeys coordinator _____ teacher _____ principal _____ district journeys coordinator