

# TEMPLE CHRISTIAN SCHOOL

*Learning Support Services*  
PARENT QUESTIONNAIRE



Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

***Thank you for taking the time to complete this information sheet regarding your child. This information will be vital in assisting and relating to your child. Each parent or guardian should complete a separate sheet.***

1. List some things you love about your child (strengths and gifts):

2. Give three (3) words that describe your child:

3. Activities/things your child enjoys the most:

4. What kinds of things upset your child?

5. In what academic area(s) does your child struggle most?

6. What motivates your child?

7. List at least three (3) goals/expectations you have for your child this year:

8. Do you have a homework routine? Explain:

9. List your child's siblings/ages. Do they attend TCS?

10. Additional information or concerns: