**Sumner County Educational Services, Interlocal 619**

2612 A. St. Wellington, KS 67152 620-326-8935

**Parent Questionnaire**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents,

In order to best serve your child, we need some specific information from you. Please fill in the following items with as much information as you have. Feel free to address concerns not specifically noted on this form. We will be utilizing this in determining eligibility/ placement options and services to be provided for our child.

Student name:

Your name:

Specific academic weaknesses:

Specific behavioral concerns:

Specific strengths:

Any contact with school or teachers regarding grades, behaviors, etc.:

Amount of homework your child has:

Does your child complete homework independently (please explain):

General interest in school:

Appropriateness of current educational programming: