

Alexsander Academy Parent Questionnaire

Date : _____

Student Name: _____

Parent(s) Name: _____

What issues does your child face? Please list any diagnosis(es) your child has.

What therapies or interventions have been the most beneficial to your child?

What interventions have been tried at home and in school settings? How successful have they been? Tell us what works and what doesn't.

Please tell us what type of class your child was in at his or her previous school settings. Did your child have any behavioral issues at school? Please describe.

What behavior issues do you see with your child? Please also list any issues with aggression towards self and others.

Are there any interventions that have worked to extinguish or control any negative behaviors?

What are your expectations for your child at Alexander Academy?

What can you tell us about your child's strengths and weaknesses academically? What materials or presentations seems to help him or her most (i.e. learns better visually, needs reduced language, reduced amount of work?)

A) Strengths: _____

B) Weaknesses: _____

Please review the tuition schedule. What tuition level do you think is appropriate for your child? Please explain.

What sensory needs does your child have? Does your child need a lot of movement or resist movement? Does he or she like to fidget? Does your child crave deep pressure (crash into things or put things on top of themselves)?

How does your child best communicate? How is your child's handwriting? Typing? Does he or she like computer work?
