



Parent Questionnaire

A successful year depends on a partnership between your student, their home, school and Acacia Educational Support. Your help is needed in understanding your student's strengths, weaknesses and needs. Please fill out this form and return it during your initial meeting with Acacia staff.

Student's Name: _____ D.O.B.: _____ Grade in school: _____

Father's Name: _____ Mother's Name: _____

Sibling Names and Ages: _____

Pets: _____

1). A good description of my student is: _____

2). I consider my student's strength to be: _____

3). The challenges my student faces with school work are: _____

4). My student's hobbies and interests outside of school are: _____

5). The one thing that I think would help my student experience more success with school work:

6). Helpful Family Information:

7). Important Health Information: _____

8). Is your student currently working? Y N 9). If "Yes" how many hours per week?

10). When and where does your student do their homework? _____

11). What is your student's greatest distraction while doing homework?

12). Where does your student go for help with their homework?

Parent signature: _____ Date _____