



PARENT INQUIRY FORM

Name of Child: _____ Age: _____ Grade: _____

Assessment of General Personality

Please check items which you feel would be descriptive of your child’s personality. Feel free to add comments or examples.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Untruthful |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Immature | <input type="checkbox"/> Over daring |
| <input type="checkbox"/> Conscientious | <input type="checkbox"/> Feels inadequate | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Shy | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Dependent | <input type="checkbox"/> Generous | <input type="checkbox"/> Frustrated |
| <input type="checkbox"/> Possessive | <input type="checkbox"/> Unfriendly | <input type="checkbox"/> Empathetic |
| <input type="checkbox"/> Rebellious | <input type="checkbox"/> Hot-tempered | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Insensitive |
| <input type="checkbox"/> Spoiled | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Considerate |
| <input type="checkbox"/> Happy | | <input type="checkbox"/> Outgoing |

Comments: _____

Assessment of General Behavior

Please check items which you feel would be descriptive of your child’s behavior. Feel free to add comments or examples.

- | | | |
|---|---|---|
| <input type="checkbox"/> Active | <input type="checkbox"/> Demands attention | <input type="checkbox"/> Teases/provokes others |
| <input type="checkbox"/> Acts impulsively | <input type="checkbox"/> Destructive | <input type="checkbox"/> Uses poor judgement |
| <input type="checkbox"/> Participates in activities | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Well liked |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> “Follower” | <input type="checkbox"/> Has difficulty making friends |
| <input type="checkbox"/> Prefers things, to people | <input type="checkbox"/> Holds a grudge | <input type="checkbox"/> Is a leader |
| <input type="checkbox"/> Steals from peers | <input type="checkbox"/> Resentful of authority | <input type="checkbox"/> Makes self-deprecating remarks |
| <input type="checkbox"/> Steals from stores | <input type="checkbox"/> Industrious | <input type="checkbox"/> Inactive |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> Makes friends easily | <input type="checkbox"/> Thoughtful |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Critical thinker |
| <input type="checkbox"/> Polite | <input type="checkbox"/> Respectful | |

Comments: _____



Relationships with Others

1. Does your child have a problem with his/her relationship with their parent/guardian?
 Yes No Don't know. If yes, Explain: _____

2. Does your child have a problem with his/her relationship with their siblings?
 Yes No Don't know. If yes, Explain: _____

3. Does he/she have a problem with peer relationships?
 Yes No Don't know. If yes, Explain: _____

School

4. Please list areas of academic strengths:

5. Please list areas of academic weaknesses:

6. How would you rate your child's recent academic record?
 Improved Remained the same Declined
Comments: _____

7. Has your child ever been suspended or expelled from school? Yes No
If yes, please explain: _____

8. Has your child ever been truant from school? Frequently Infrequently Never

Additional Comments:

Signature: _____ Date: _____

Printed name: _____

Relationship to child: _____