

# Parent/Guardian Questionnaire

*OPTIONAL for AAP Referral*

Student Name \_\_\_\_\_ Current School \_\_\_\_\_ School Year \_\_\_\_\_ Grade \_\_\_\_\_

Please print clearly or type; responses may be pasted onto form. Questionnaire may not be edited or retyped and responses must fit on this form.

Check the appropriate box: **occasionally**, **frequently**, **consistently**.

Give an **example for each**.

occasionally

frequently

consistently

My child surprises me with their knowledge.

My child comes up with imaginative and/or unusual ways of doing things.

My child is intellectually curious and asks thoughtful questions.

My child finds humor in situations or events unusual for their age.

My child can focus on a particular topic for an unusually long period of time.

Does your child have a special need that you want to communicate to the committee?      NO      YES

If YES, please explain (such as learning disability). Additional information may be submitted to help the committee understand your student's learning profile.

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

\_\_\_\_\_  
Date