



Parent Interview Questionnaire

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Part I Information

Student Name: _____ **Grade:** _____

Students Date of Birth: _____ **Age:** _____

Parent/Guardian: _____ **Home Phone:** _____

Address: _____ **Work Phone:** _____

_____ **Cell Phone:** _____

Part II Immediate Family Data

Relationship

Age

Relationship	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have any serious concerns about your child? _____ **Yes** _____ **No** **If yes, please explain** _____

Has any other family member experience school related problems? _____ **Yes** _____ **No** **If yes, please explain** _____

Did mother have any health problems during this pregnancy? _____ **Yes** _____ **No** **If yes, please explain**

Did any of the following happen during the birth process? Premature Transfusion
 Caesarean Section Breech Birth Prolonged Labor Oxygen Problem
 Blood Incompatibility (RH Factor) Fetal Distress

Did the child have any difficulty learning to eat, sleep, sit, walk, or talk? Yes No
If yes, please explain _____

Has the child experienced any traumatic events such as death of a close relative, divorce, family crisis
 Yes No **If yes, please explain** _____

Part III Medical History

Physical Defect Frequent Colds Allergies Speech Problems
 Eye Problems Frequent Sore Throats Asthma Dietary Problems
 Ear Problems Headaches Epilepsy Serious Accidents or Injuries
 Operations Heart Disease Diabetes Temperature Above 104°
 Other **Describe any problems checked** _____

Has child ever been hospitalized? Yes No _____ **How long** _____ **What age**
If yes, explain why _____

Is the child on medication or under treatment at the present time? Yes No **If yes, explain**

How would you rate the child's general health? Excellent Good Fair Poor

Part IV Social/Behavior Characteristics

Please check any of the behaviors which explain the child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Creative | <input type="checkbox"/> Excessive inconsistency in behavior |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Frequent sudden changes in mood |
| <input type="checkbox"/> Consistently short attention span | <input type="checkbox"/> Thumb sucking | <input type="checkbox"/> Lacks self-control |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> Nail biting | <input type="checkbox"/> Needs constant approval or reassurance |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Unusually aggressive towards others |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Overactive | <input type="checkbox"/> Unusually shy or withdrawn |
| <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Athletic | <input type="checkbox"/> Difficulty completing tasks and activities |
| <input type="checkbox"/> Unreasonable fears | <input type="checkbox"/> Musical | <input type="checkbox"/> Difficulty with changes in routine |
| <input type="checkbox"/> Gets ideas quickly | <input type="checkbox"/> Rocky | <input type="checkbox"/> Difficulty with organization |
| <input type="checkbox"/> Fantasies | <input type="checkbox"/> Underactive | <input type="checkbox"/> Avoids reading |
| <input type="checkbox"/> Artistic | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Difficulty telling time |
| <input type="checkbox"/> Frequently tells lies | <input type="checkbox"/> Enjoys reading | <input type="checkbox"/> Avoids Homework |
| <input type="checkbox"/> Frequently late | <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Frequently talks to self |
| <input type="checkbox"/> Doesn't seem to understand questions or directions | <input type="checkbox"/> Sleepwalking | |
| <input type="checkbox"/> Difficulty making and keeping friends | <input type="checkbox"/> Difficulty using numbers | |
| <input type="checkbox"/> Lacks motivation | Comment on any behaviors that concern you _____ | |

I understand this information will be used to help determine if my child will benefit from being enrolled in Foundations Christian Academy. This material will be kept confidential.

Interviewer Signature

Date

Parent/Guardian Signature

Date