



Learning Matters Inc

P.O. Box 150175, Nashville, TN 37215 • (615) 739-0546

Parent Questionnaire

Please complete and bring with you to your child's first assessment appointment.

GENERAL

Please describe your most immediate academic concerns for your child.

Please describe your most immediate academic concerns for your child.

Please describe your child's strengths as a learner.

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Has your child had any previous testing?

- NO
- YES

If YES, are you able to provide a copy to us?

Has your child had any previous testing?
<input type="radio"/> NO
<input type="radio"/> YES
If YES, are you able to provide a copy to us?

Please describe your child's attention both at home and at school.

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Does your child have a family history of Dyslexia or other learning disabilities?

Do you have any concern regarding your child's speech and language development?

Is your child aware of, or frustrated by, any speech and/or language difficulties?

FAMILY

Please list your child's siblings.

Name		Age	
Name		Age	
Name		Age	
Name		Age	

Please list the adults that your child lives with.

Name		Relationship	
Name		Relationship	
Name		Relationship	
Name		Relationship	

Please describe your child's relationship with his/her siblings and the adults that he/she lives with.

What languages are spoken in the home?

EARLY CHILDHOOD

Were there any complications with your pregnancy or birth?

Did your child experience typical motor development?

Did your child experience typical language development?

SCHOOL

Please list the schools that your child has attended and for which grades.

School	Grade

Please describe any notable positive or negative experiences that your child has had in school.

Please describe your child's attitude toward school.

How does your child typically perform on report cards and/ or progress reports?

How does your child typically perform on standardized tests?

Please describe your child's level of effort on schoolwork and homework.

Any additional comments?
