

Bowman Woods Elementary School
Parent/Guardian Questionnaire

Please take a few minutes to fill out the following questionnaire. This will enable us to meet the special needs of your son/daughter in the timeliest manner possible.

1. Child's Name _____ Age _____ Grade _____

2. Has your child received special services in any of the following areas within the last year?

<input type="checkbox"/>	ADD/ADHD (Attention Deficit Disorder)	<input type="checkbox"/>	Psychological Testing
<input type="checkbox"/>	Behavioral Disability	<input type="checkbox"/>	Reading Improvement
<input type="checkbox"/>	English Language Learner (ELL)	<input type="checkbox"/>	Reading Recovery
<input type="checkbox"/>	Guidance and Counseling	<input type="checkbox"/>	Special Education Program
<input type="checkbox"/>	Learning Resource Program	<input type="checkbox"/>	Talented & Gifted
<input type="checkbox"/>	Mathematics	<input type="checkbox"/>	Title 1 Reading/Math
<input type="checkbox"/>	Mental Disability	<input type="checkbox"/>	Health Plan

3. Does your student have a current IEP? _____ If yes, in what area(s):

<input type="checkbox"/>	Reading	<input type="checkbox"/>	Written language
<input type="checkbox"/>	O.T./P.T.	<input type="checkbox"/>	Speech & language
<input type="checkbox"/>	Math	<input type="checkbox"/>	Vision
<input type="checkbox"/>	Hearing	<input type="checkbox"/>	

4. Does your child have a 504 Plan? _____ If yes, in what area? _____

5. Has your child ever been retained? No _____ Yes _____ Grade _____

6. List any concerns you feel your child's teacher and/or the counselor need to know.

7. Does your child have any special medical problems (including allergies)? _____

8. Are there any areas where your child or family could use special assistance? _____

9. Are there any special custody regulations regarding your child? _____

10. Has your child participated in Band _____ Instrument _____

Orchestra _____ Instrument _____

Parent/Guardian Signature

Date