## SAGE Academy Parent Questionnaire

Parent Name:		Date:
Child's Name:		
Age:	Current Grade in School:	
1. Describe your o	child's academic strengths, special inte	erests and talents.
2. What subjects why?	are not interesting or difficult for your o	child? Any ideas as to
3. In what areas v	would you like to see improvement in y	our child?
4. Does your child	d have any study difficulties? If so, plea	ase explain.
5 What is your ch	hild's attitude toward school?	

6. Does your child have any physical restrictions with regard to physical education?
7. Does your child need any special support, guidance or consideration in their education or social setting?
8. Has your child ever been involved in any disciplinary action resulting in censure, suspension, dismissal, or withdrawal? If so, please provide details.
9. Does your child take any medication? If so, for what purpose?

10.Please give relevant information about his/her relationship with siblings and/or peers.
11. Describe your child's relationship to each parent and any other guardian.
12.Please list any kinds of outside school activities your child participates in (sports, music, church services, etc.).
13.How does your child usually spend his/her free time?
14.Please state how many hours a day your child: watch TV/Netflix; plays video games; go on the internet; play computer "fun" games; play computer "educational" game

15.Approximately how many days was your child absent from school during the last school year and the reasons?
16.What do you think of your child's personal strengths and outstanding characteristics?
17.In what personal/social areas do you look for improvement in your child?
18.Describe your child's diet and daily eating habits including any vitamins or supplements they may take.

19.How many hours of actual sleep does your child get daily?
20.If you could envision the perfect school for your child, what would you want?
21. What are your current and future educational goals for your child?