



EL PASO JEWISH ACADEMY

an oasis for learning

805 Cherry Hill Lane, El Paso, Texas 79912 (915) 833-0808 Fax (915) 833-0819

PARENT QUESTIONNAIRE GRADES 1-6

Child's Name _____ Name to be used in school _____

Primary language spoken in household. _____

What would you say are your child's strengths? _____

What would you say are your child's weaknesses? _____

Does your child have any special interests, hobbies or talents? _____

Has your child ever received any special awards or honors? If yes, please list and provide dates:

How does your child typically deal with transitions? _____

Has your child ever experienced any social difficulties or particular sensitivities? _____

Has your child participated in any special school programs, i.e., Resource Specialist Program (RSP), Speech and Language Program (SLP), Special Day Class (SDC), Adaptive Physical Education (APE), and/or Gifted and Talented Education (GATE)? If yes, please explain and provide supporting documents. _____

Does your child enjoy books? Yes_____ No_____

Does your child initiate reading by herself/himself? Yes_____ No_____

How many hours a day does your child watch TV? _____

Please list any regularly watched shows: _____

Is there a subject in which your child has consistently excelled? Yes_____ No_____

If yes, indicate subject area _____

Is there a subject in which your child has been consistently weak? Yes_____ No_____

If yes, please indicate subject area. _____

What does your child enjoy most about school? _____

What does your child enjoy least about school? _____

Has your child's teacher reported to you that your child has difficulty following directions, staying on task, or completing assignments? Yes_____ No_____ If yes, please explain.

In the past year, has your child failed any subject(s) on his/her report card? Yes_____ No_____

If yes, indicate subject(s) _____

Has your child ever been asked to leave any school? Yes_____ No_____ If yes, please explain and provide dates. _____

Within the past two years, have you been contacted by either a teacher or administrator regarding undesirable academic or social performance by your child? Yes_____ No_____

Is there anything specific you would like the school to know about your child? _____

Please describe your expectations regarding your child's experience at El Paso Jewish Academy.

Parent Signature _____

Date _____