

# Tools for Families

## Tool 4: Sample Education Questionnaire With Cover Letter for Families

Because families know their children best, they can be powerful allies in any program serving their children. It is critical to get information from families about their children. Two helpful ways to obtain such information are to administer a questionnaire and to communicate with families directly.

The following cover letter and questionnaire can be given to families along with the *Family Guide* (Tool 1) or can be provided while meeting with the family during an in-person teacher-family conference. In either case, be sure to provide a self-addressed, stamped envelope to make it easy for parents and family members to return the survey to you or offer them other ways to easily send their responses (e.g., fax or e-mail a scanned copy of the completed questionnaire, submit an online survey). The questionnaire also may be adapted as a script that facility staff can use when they speak directly with a family member shortly after a student enrolls in the facility school program.

[Facility Letterhead, Including Street Address]

[Date]

Dear [parent's or guardian's name]:

We would like to get to know [insert child's name] better and learn from you about [his/her] education history.

Please complete the enclosed questionnaire and return it to us in the self-addressed, stamped envelope provided as soon as possible. The information you provide will help us make sure your child feels supported by us and has a successful school experience.

If you have any questions, please contact me at [phone number] or [e-mail].

Sincerely,

[Name, Title, Contact Information]

## Parent and Family Questionnaire

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. My child participates in the following school activities. (Check YES or NO for each item.)

	YES	NO		YES	NO		YES	NO
Sports	<input type="checkbox"/>	<input type="checkbox"/>	Music	<input type="checkbox"/>	<input type="checkbox"/>	Clubs	<input type="checkbox"/>	<input type="checkbox"/>
Other activities—please list:								

2. Please list the leisure-time activities your child enjoys after school and on weekends.

\_\_\_\_\_

3. Please describe any religious, spiritual, and cultural events your child observes.

\_\_\_\_\_

4. My child's favorite subject is \_\_\_\_\_

5. My child's least favorite subject is \_\_\_\_\_

6. My child usually makes an effort to do his or her best in school. \_\_\_\_\_  YES  NO

7. My child is performing to his or her potential in school. \_\_\_\_\_  YES  NO

8. My child has been suspended or expelled from school. \_\_\_\_\_  YES  NO  
If you checked YES, briefly tell us when and why he or she was suspended or expelled.

\_\_\_\_\_

\_\_\_\_\_

9. My child has a disability (e.g., physical, emotional, learning). \_\_\_\_\_  YES  NO  
If YES, what is it and how does it affect his or her learning? \_\_\_\_\_

\_\_\_\_\_

10. My child has a Section 504 plan. \_\_\_\_\_  YES  NO  
If YES, do you have a copy of the current plan? \_\_\_\_\_  YES  NO

11. My child receives special education services. \_\_\_\_\_  YES  NO  
If YES, do you have a copy of the current individualized education program (IEP)? \_\_\_\_\_  YES  NO

12. My child has received the following special services. (Check all that apply.)

	YES	NO		YES	NO		YES	NO		YES	NO
Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	School-based counseling	<input type="checkbox"/>	<input type="checkbox"/>
Other services—please list:											

13. I have a recent copy of my child's educational evaluation. \_\_\_\_\_ YES NO

14. Please list any allergies your child has.

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15. Please list any medications your child is currently taking, whether you think they are working, and any side effects that she or he has when taking them.

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16. Please share the best way to reach you (phone, e-mail, text).

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17. Please provide an alternate contact in the event we cannot reach you.

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