

Freshman Parent Questionnaire

Dear Parent or Guardian:

The Freshman Parent Questionnaire provides counselors with an initial perspective of the student's personal qualities, strengths, and achievements. Through this questionnaire, counselors learn important information necessary to understand, assist, and connect with students during the transition to high school to help them to become successful.

Please feel free to contact your counselor at any time throughout the year at (508) 836-7720. We look forward to working with you and your child to reach his/her academic, personal and career goals at Westborough High School!

Sincerely,

School Counseling Department Staff

***Please Return This Completed Questionnaire With Your Student at
Freshman Orientation on AUGUST 22, 2018***

Date: _____ Student Name: _____

Full name of individual completing this form: _____

Relationship to student: _____

Parent/Guardian 2 full name: _____

Relationship to student: _____

<u>Parent/Guardian 1</u>	<u>Parent/Guardian 2</u>
Email: _____	Email: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

Please check if parents are: Married _____ Separated _____ Divorced _____

Other: Please explain _____

If not with both parents, whom does your child make his/her permanent home? _____

Who else lives in your household?

Name	Relationship (to student)	Age	Occupation/School

List other family members living elsewhere.

Name	Relationship (to student)	Age	Occupation/School

Are any of the student's parents/guardians or other close family members deceased? Yes No

If so, whom and how long ago? _____

How would you describe your student? Please list outstanding personality traits. What is special, unique or distinctive about your student? (Some adjectives you might use: outgoing, advocates for themselves, leader, quiet, follower, initiates own participation) _____

Has your student ever been diagnosed with a learning disability? Yes No

If yes, when? _____

What is the nature of the disability? _____

Did he/she receive special services in middle school or from another source? Yes No

If yes, please describe what type of services your student received. _____

Please rate your student's school/study habits from 1 to 5. (1 = Poor, 5 = Exceptional)

Organization Skills _____ *Self-Motivation* _____ *Independence* _____ *Self-Discipline* _____ *Time Management* _____

Does your child have any interest or talent in a particular subject? _____

Are there any unusual or personal circumstances which have affected your child's educational experiences or personal experiences? _____

List any non-academic interests and experiences. Include any special talents, honors, or awards.