

**GENERAL EDUCATION INTERVENTION FORM  
CLASSROOM PERFORMANCE AT SIGNIFICANTLY HIGHER LEVELS**

**PARENT QUESTIONNAIRE**

The purpose of this questionnaire is to acquire additional information with which to meet the educational needs of your child.

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Parent Contacts \_\_\_\_\_

**INFORMATION**

Any pertinent health problems: (hearing, vision, allergies, current medications, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL HISTORY**

1. Schools attended (include preschool):

Name	Grades	City and State
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Has your child been evaluated previously? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has your child participated in any Special Education Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please list: \_\_\_\_\_  
\_\_\_\_\_

**INTERESTS AND ACTIVITIES**

1. Interests, hobbies, collections, special talents or skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Amount of time spent in reading for pleasure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. In what school club, private lessons, outside organizations, sports, or other activities has your child participated?  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL AND SOCIAL

1. How does your child get along with others in the home? \_\_\_\_\_  
\_\_\_\_\_
2. How does your child spend his/her free time (a) when alone, and (b) when with others? \_\_\_\_\_  
\_\_\_\_\_
3. Describe your child as you see him/her (personality characteristics, attitudes, etc.) \_\_\_\_\_  
\_\_\_\_\_
4. What is your child's attitude toward school, working with peers, and awareness of own strengths and weaknesses? \_\_\_\_\_  
\_\_\_\_\_

## PARENT CONCERNS

1. Have there been significant changes in your child's life outside of school that might have directly affected his/her school performance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If changes have taken place, please explain: \_\_\_\_\_  
\_\_\_\_\_
2. Child's school needs, as you see them: \_\_\_\_\_  
\_\_\_\_\_
3. Are these needs currently being met? Please comment. \_\_\_\_\_  
\_\_\_\_\_
4. List any specific areas in which you believe that your child needs additional support/enrichment: \_\_\_\_\_  
\_\_\_\_\_
5. Additional comments or concerns: \_\_\_\_\_  
\_\_\_\_\_

**Please check the skills and characteristics you see in your child.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Developed early or advanced reading skills					
2. Possesses advanced vocabulary/language skills					
3. Exhibits good memory skills					
4. Displays intense interests					
5. Demonstrates advanced math/problem-solving skills					
6. Displays finely developed sense of humor					
7. Learns easily and grasps concepts quickly					
8. Relates well to older playmates and adults					
9. Displays unusual curiosity; asks advanced questions					
10. Shows perception and sensitivity					
11. Displays creative imagination					
12. Shows strong task commitment and self-direction					
13. Displays special talent in the arts					
14. Exhibits leadership skills					
15. Sees unusual connections/relationships					

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_