



# Douglas County School District

## School Questionnaire

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher/Class Placement: \_\_\_\_\_

**Dear Parents: In order that we may better serve your child, please answer the following questions:**

1. My child was enrolled in the following program(s): **(Please check all that apply.)**

- Special Education Program (IEP)
- Speech or Language Program
- Gifted and Talented Program (Grades 2-6)
- English as a Second Language Program (ESL)
- Early Childhood Special Education (Pre-School)
- Remedial Math Program
- Remedial Reading Program

2. My child was retained in grade \_\_\_\_\_

3. My child speaks a language other than English in our home  Yes  No

4. My child needs to wear glasses at school  Yes  No

5. My child has a hearing problem  Yes  No

6. My child takes medication  Yes  No

7. My child has a medical condition  Yes  No

Please specify: \_\_\_\_\_

8. My child can be released to either parent  Yes  No

9. There is a court order pertaining to my child  Yes  No

10. My child has academic problems in school  Yes  No

Which area: \_\_\_\_\_

11. My child has had behavior problems in school  Yes  No

12. I would like more information regarding free/reduced lunches  Yes  No

13. I would like the school counselor to contact me concerning my child  Yes  No

14. Do you have any special community needs?  Yes  No

Please specify (i.e., recreational programs, daycare, etc.)  
\_\_\_\_\_

15. What expectations do you have of our school?  
\_\_\_\_\_

16. Is there any additional information we need to know about your child?  
\_\_\_\_\_