

# William Harris Learning Center

## Student Assistance Parent Questionnaire

You son or daughter has been referred to the Alt Ed Program. The Student assistance questionnaire is designed to assist parents in helping their child affectively deal with issues that may be barriers to their success and learning. The information gained through this process will be used to determine the best way we can help your child.

Please complete the following regarding your student's strength and weaknesses.

Students Name: \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### STRENGTHS

Please check all that best describe your student's behavior at home.

<input type="radio"/>	Does household chores
<input type="radio"/>	Generally complies with family rules
<input type="radio"/>	Participates in family activities, meals, etc
<input type="radio"/>	Cares about appearance, health, etc
<input type="radio"/>	Takes appropriate pride in self and property
<input type="radio"/>	Behavior is appropriate with other children (peers, siblings, etc.)
<input type="radio"/>	Generally respectful towards adults

Please check all that you believe best describe your son or daughter

<input type="radio"/>	Able to work independently
<input type="radio"/>	Joins in extracurricular activities at school or community
<input type="radio"/>	Works well in groups
<input type="radio"/>	Wants to and likes to learn
<input type="radio"/>	Displays good logic/reasoning and decision making
<input type="radio"/>	Is a good leader
<input type="radio"/>	Can accept criticism
<input type="radio"/>	Considerate of others
<input type="radio"/>	Good communication skills
<input type="radio"/>	Cooperative
<input type="radio"/>	Possesses good interpersonal skills
<input type="radio"/>	Displays positive values (honesty, respect, caring, etc)
<input type="radio"/>	Follows rules
<input type="radio"/>	Uses time wisely
<input type="radio"/>	Helps others
<input type="radio"/>	Is connected to and likes school and staff
<input type="radio"/>	Strives to achieve their best

### PERSONALITY

Please check all that you believe best describe your son or daughter

<input type="radio"/>	Noticeable mood swings
<input type="radio"/>	Frequent, extreme highs and lows
<input type="radio"/>	Crying seemingly without explanation
<input type="radio"/>	Appearing very irritable or hostile without reason
<input type="radio"/>	Extremely negative or apathetic attitude
<input type="radio"/>	Spending a lot more time alone than normal
<input type="radio"/>	Exhibiting general loss of energy, motivation, interest, or enthusiasm

### FRIENDS/ RELATIONSHIPS

Please check all that you have observed with regard to your student's friends/relationships

<input type="radio"/>	Stopped spending time with old friends
<input type="radio"/>	Hanging out with friends you don't know
<input type="radio"/>	Doesn't want you to meet his or her friends
<input type="radio"/>	Friends immediately going into child's room to avoid contact with family members
<input type="radio"/>	Not communicating plans or where they are going
<input type="radio"/>	Spends less time in family activities
<input type="radio"/>	Is verbally or physically abusive towards family members
<input type="radio"/>	Blaming others/ Refusing to take responsibility for self
<input type="radio"/>	Refused to follow family rules

### CRISIS INDICATOR

Please check all that you have observed with regard to your student

<input type="radio"/>	Has expressed a desire to die
<input type="radio"/>	Given away personal possessions
<input type="radio"/>	Has expressed desire to join someone who has died
<input type="radio"/>	Has made suicidal threats/gestures
<input type="radio"/>	Has experienced a recent death of a family member or close friend
<input type="radio"/>	Other stressors

### SCHOOL

Please check all that you have observed with regard to your student's school experiences

<input type="radio"/>	Experiences more problems in school than usual
<input type="radio"/>	Recent or rapid drop in academic performance
<input type="radio"/>	Lack of participation in extracurricular activities such as sports, clubs, etc.
<input type="radio"/>	Forged your signature
<input type="radio"/>	Having problems getting your child to go to school

### LEGAL

<input type="radio"/>	Been caught taking items from home or neighbor's house
<input type="radio"/>	Family members missing money or items from the home
<input type="radio"/>	Recently stolen personal possessions

### PHYSICAL TRAITS

Please check all that apply in regards to your student's physical health and appearance.

<input type="radio"/>	Unsteady on feet
<input type="radio"/>	Noticeable change in height
<input type="radio"/>	Complaining of nausea/stomach aches
<input type="radio"/>	Glassy/bloody shot eyes
<input type="radio"/>	Unexplained physical injuries
<input type="radio"/>	Poor motor skills
<input type="radio"/>	Frequent cold-like symptoms
<input type="radio"/>	Loss of hair
<input type="radio"/>	Self-abuse/mutilation
<input type="radio"/>	Poor hygiene
<input type="radio"/>	Preoccupied with personal health issues
<input type="radio"/>	Fatigue/ constantly tired
<input type="radio"/>	Disoriented
<input type="radio"/>	Change in sleep habits
<input type="radio"/>	Headaches
<input type="radio"/>	Refusal to eat

What are your concerns for your child that may be a barrier to his or her learning?

What does your child tell you about his or her school experience?