



## PARENT QUESTIONNAIRE

### FORMAN SCHOOL

Office of Admission  
12 Norfolk Road | P.O. Box 80  
Litchfield, CT 06759-0080

Phone: 860.567.1802  
Fax: 860.567.3501  
admission@formanschool.org  
www.formanschool.org

Applicant's name \_\_\_\_\_

With regard to your child's learning difference, what diagnoses have been provided? \_\_\_\_\_

---

---

---

What educational support is your child currently receiving (i.e. tutoring, speech and language support, etc.)?

---

---

---

Please describe your child as an individual. Explain what you believe are his/her strengths, goals, and aspirations.

---

---

---

In what ways do you see Forman complementing your child's development? \_\_\_\_\_

---

---

---

Please inform us regarding the sequence of your child's education. Has your child ever skipped or repeated a grade? Has your child ever been asked to withdraw from a school, been suspended, put on probation, or missed school for an extended period of time?

---

---

---

At present, does your child have any physical or mental restrictions affecting his/her ability to participate in school sports or other extracurricular activities? If so, please describe.

---

---

---

**Parent Questionnaire** *(continued)*

At present, is your child taking any prescription medications? If so, kindly list them. \_\_\_\_\_

---

---

---

Does your child have any allergies related to medications, environment, food, or insects of which we should be aware? Does your child require an epi-pen?

---

---

---

Has your child ever been treated for problems with alcohol or drugs? If yes, please explain. \_\_\_\_\_

---

---

---

Has your child ever been under the care of a mental health professional? If yes, please explain. \_\_\_\_\_

---

---

---

Are there any family circumstances that might affect your child's performance at Forman School? \_\_\_\_\_

---

---

---

Is there anything else you would like us to know? \_\_\_\_\_

---

---

---

**Please sign this form below and return to:**

Office of Admission, Forman School, 12 Norfolk Road, P.O. Box 80, Litchfield, CT 06759-0080

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_