

Student Assistance Program

PARENT CHECKLIST

As you are aware, your child has been referred to the SAP Team. This student assistance process is designed to assist parents in helping their children to reach their learning potential. The information obtained through this process and other school data will be used to help determine the best way to assist your child to be more successful.

It is important to identify the strengths and positive behaviors that your child demonstrates. These can be beneficial in the development of a plan to promote his/her success at school. Please complete the following information regarding your child.

Student Name: _____

Date: _____

Parent/Guardian Name: _____

Relationship to Student: _____

STRENGTHS

Please check all that you believe apply to your child

- Is able to work independently
- Works well in a group
- Demonstrates desire/commitment to learn
- Demonstrates good logic/reasoning and decision making
- Exhibits leadership
- Is creative
- Accepts re-direction/criticism easily
- Is considerate of others
- Good communication skills
- Cooperative
- Seems to value family support
- Possesses good interpersonal skills
- Demonstrates constructive use of time
- Helps others
- Strives to achieve his/her best
- Is connected to and likes school and staff
- Displays positive values (responsibility, honesty, equality, caring)
- Recognizes and respects appropriate boundaries & expectations
- Participates in extra-curricular activities
- Other: _____

POSITIVE TRAITS AT HOME

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

- Usually complies with family rules, curfews, routines, etc.
- Assists with household chores
- Participates in family activities, meals, etc.
- Shows care about appearance, health, etc.
- Demonstrates pride in self and possessions, keeps room reasonably neat
- Behavior is appropriate with peers and siblings
- Usually respectful toward parent(s)/caregiver(s), siblings and others
- Able to transition smoothly between activities
- Other: _____

OVER

Listed below are several questions that will help us get to know your child better and be better able to help him/her to be more successful in school. Please take a few minutes to answer these questions.

Other schools your child has attended _____

Who lives in your household? _____

Describe any recent changes at home that may be interfering with academic or behavioral progress _____

What does your child tell you about school? _____

Is your child currently receiving treatment from a physician or agency?

___ Yes ___ No If yes, please explain _____

Has your child had any outside evaluations for cognitive, emotional, or social reasons?

___ Yes ___ No If yes, please explain _____

What are your child's personal strengths/interests? _____

Do you have concerns about...

Your child's academic progress? _____ Yes _____ No
If yes, please explain _____

Your child's behavior at home? _____ Yes _____ No
If yes, please explain _____

Your child's relationship with their peers? _____ Yes _____ No
If yes, please explain _____

Your child's emotional well being? _____ Yes _____ No
If yes, please explain _____

Parent Signature _____ Date _____

Please return as soon as possible to the SAP Coordinator, _____