

# FOWLER MIDDLE SCHOOL

## PARENT QUESTIONNAIRE

The information on this questionnaire will help us meet any special needs your child may have.

1. Student Name \_\_\_\_\_ AGE \_\_\_\_\_ Grade \_\_\_\_\_

2. Has your child received any special services in any of the following?

\_\_\_ English as a Second Language

\_\_\_ Reading

\_\_\_ Talented & Gifted

\_\_\_ Math

\_\_\_ Speech and Hearing

\_\_\_ Counseling

\_\_\_ Psychological Testing

\_\_\_ IEP/Special Education

\_\_\_ Learning Disabilities

\_\_\_ 504 Plan

\_\_\_ Title I

Other \_\_\_\_\_

3. Do you have any concerns you feel your child's teacher or counselor should know about?

4. Do you feel that there are any special areas where you or your child could use assistance?

5. Has your child had any major discipline or attendance issues? Please explain:

6. What math class was your child most recently in?

7. What are your child's strengths? What does your child like to do for fun?

8. On a scale of 1 -10 (10 being proficient) how would you rate your child's  
computer/technology skills? 1 .... 2 .... 3 ... 4 .... 5 .... 6 .... 7 .... 8 ... .9 .... 10

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_