



PARENT SHADOW QUESTIONNAIRE



Student Name _____ Attendance Date(s): _____

Name of parent/designee: _____

Relation to child: _____

Teacher's Name: _____

School: _____

Help us understand more about your child's needs:

1. What are your child's health related needs?

2. Does your child have a behavioral or learning diagnosis? Yes No
If yes, please describe:

3. Does your child have dietary restrictions? Yes No
If yes, please describe: *(Refer to Special Diets policy on our website.)*

4. Does your child need assistance navigating on uneven trails? Yes No
If yes, please describe:

5. Does your child need assistance with toileting and/or showering? Yes No
If yes, please describe:

6. Does your child have a para at school? Yes No
If yes, please provide a name: _____
7. The Parent Shadow will administer medications, unless otherwise designated. The Medication Administration form is NOT required.
8. Is there any reason why your child will not be safe sleeping in a dorm with other students/separate from you? Yes No
If yes, please describe:

9. Does your child use a cell phone, an iPad or smart watch to assist with their daily care? Yes No
(The dormitories do not have Wi-Fi. Students may use these devices, as required only, for their care and nothing else.)
If yes, please describe:

If you cannot meet all the Parent Shadow requirements, please notify us ASAP. Failure to do so may result in the child or Parent being excluded from the program.

PARENT SHADOW STEPS

- Read Parent Shadow Information
- Get approve by your schools' principal and teacher
- Get fingerprinted and cleared by the district
- Complete and submit Parent Shadow Designee Agreement
- Complete and submit Adult Health Form
- Call Foothill Horizons 2 weeks prior to attending.