Karen Keeney, Ed. S
(931) 553-3294
BridgingtheGapofClarksville@yahoo.com
www.BridgingtheGapofClarksville.com

Parent Questionnaire

Child's Name: _____ **DOB:** _____ **Intake Date:** _____

1. What are your child's interests/hobbies?
2. What are your child's strengths?
3. What are your child's weaknesses?
4. Has your child been retained? YES or NO
If so, what grade(s)?
5. How does your child learn best?
6. Does your child have behavioral concerns at home or at school? YES or NO
If yes, please explain…
If yes, does your child have a Behavior Intervention Plan (BIP)? YES or NO
7. Is there any important information that you would like me to know about your child?

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8. What are your goals for your child this year?

9. Is there anything specific you would like for Bridging the Gap of Clarksville to cover during your child's IEP meeting?

10. Please list any individuals that you give Bridging the Gap of Clarksville permission to consult with regarding your child.

Name	Contact Information	Relationship to Child

If their name(s) are not listed above on this form, then communication from/with Bridging the Gap of Clarksville will **NOT** occur.

11. In what way(s) can Bridging the Gap of Clarksville support your family the most?

12. What expectation(s) do you have for Bridging the Gap of Clarksville?

Parent/Guardian (Print Name): _____

Parent/Guardian (Signature): _____

Date: _____

Advocate (Print Name): _____

Advocate (Signature): _____

Date: _____