FAMILY QUESTIONNAIRE

Administration: The classroom teacher responsible for the student's reading instruction should orally administer or request the questionnaire be completed by a family member. Note: Additional informal classroom diagnostics should not be postponed if this teacher is unable to complete the family questionnaire.

Student_____ Grade_____
Teacher_____

Yes:	**No:**	
____	____	Do you have any concerns about your child's work at school? If yes, explain:_____
____	____	Has your child received any special instruction or tutoring at school or privately? If yes, explain:_____
____	____	Has your child repeated a grade? If yes, explain:_____
____	____	Has your child had a speech or language problem? If yes, explain:_____
____	____	Has your child ever been critically or chronically ill? If yes, explain:_____
____	____	Does your child have any physical problems that you feel may cause difficulty in learning? If yes, explain:_____
____	____	Does your child seem to have difficulty following directions? If yes, explain:_____
____	____	Does your child seem to have more difficulty in reading, writing, and spelling than in most other subjects? If yes, explain:_____
____	____	Does your child need a significant amount of help to complete homework? If yes, explain:_____

____ ____ Does your child enjoy being read to by adults?
If yes,
explain:_____

____ ____ Does your child hesitate to read to you?
If yes,
explain:_____

____ ____ Is reading difficult for any family member (Parent, Grandparent, etc..)? If yes,
explain:_____

Completed by:_____

Relationship_____Date_____

Adapted from the Alabama Scottish Rite Foundation Learning Center Checklist

Please email this completed form to Lynn.kinzie@focusmicroschool.com.

Thank you!