

Questionnaire for Parents

To learn more about your child and to specifically target his needs and expectations, we kindly ask that you fill this survey.

If your child has been evaluated by one or more experts outside of AGOO Centre, please attach a copy of the relevant reports to this document (e.g. *speech therapy, psychology, remediation, optometry, neurology, child psychiatry, neuropsychology, psychoeducation or a multidisciplinary evaluation report*).

If your child's school has prepared a *Plan d'intervention*, please provide a recent copy.

In addition, please join a copy of your child's **latest report card**.

Thank you for your invaluable cooperation

Survey filled by: _____, on _____.

PART 1: GENERAL INFORMATION

IDENTIFICATION SHEET	
Name of child	
Date of birth	Age: _____ years _____ months
Name of mother	
Telephone number	
Name of father	
Telephone number	
Primary address	
Email	

SCHOOL	
Name of school attended	
Address	
School board	
Full name of teacher	
Level/Cycle	
Type of class	normal <input type="checkbox"/> linguistic integration <input type="checkbox"/> specialized <input type="checkbox"/> other <input type="checkbox"/>

FAMILY		
Level of education of parents	Mother: High school <input type="checkbox"/> Professional <input type="checkbox"/> University <input type="checkbox"/>	Father: High school <input type="checkbox"/> Professional <input type="checkbox"/> University <input type="checkbox"/>
Mother tongue of parents	Mother:	Father:
Rank among siblings	Elder <input type="checkbox"/> younger <input type="checkbox"/> youngest <input type="checkbox"/> only child <input type="checkbox"/>	
Age of brother(s) and sister(s)		
Language(s) spoken at home	English <input type="checkbox"/> French <input type="checkbox"/> Other(s) : _____	
Specific information regarding the academic career of the other family members		
Family profile	Nuclear <input type="checkbox"/> Single-parent <input type="checkbox"/> Blended/Step family <input type="checkbox"/> Other <input type="checkbox"/>	

PART 2: REASON FOR CONSULTATION

2.1 What are your concerns regarding the academic learning of your child?

2.2 By whom were you referred to **AGOO Children's Health and Wellness Centre**?

2.3 Does your child have any medical diagnosis? If so, which one(s)?

2.4 Does your child take any medication? If so, which one and for what condition?

2.5 Do you discuss academic progress with your child? At what time did someone notice your child was behind or having difficulties?

PART 3: LANGUAGE AND ACADEMIC LEARNING

3.1 Before entering school, how did his or her language evolve in his or her mother tongue? (first words, first sentences, vocabulary, pronunciation, clarity, etc.)

3.2 If the education language is not the mother tongue, how did the first learnings of speaking a second language take place?

3.3 If the education language is not the mother tongue, how did the first learnings of reading and writing a second language take place?

PART 4: PROFILE OF YOUR CHILD

4.1 What are the strengths of your child? What do you admire in him or her?

4.2 What sport or cultural activities does your child do?

4.3 What are the main interests of your child?

PART 5: YOUR CHILD AND READING

5.1 Note your child's interest in reading on a scale of 1 to 5:

1 Lacking	2 Fragile	3 Average	4 Satisfactory	5 Intense
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5.2 How much time (in minutes) does your child spend reading every day (excluding time in school classes)? _____

5.3 In what language does your child read for pleasure? _____

5.4 What type of books does your child choose to read?

Comic books/Graphic novels (which ones)	
Novels (Science-fiction, mystery/detective, fantasy, video games, romantic, etc.)	
Documentary (which subjects)	
Stories	
Magazines, periodicals, others	

5.5 Is your child interested in certain authors? If so, which ones?

PART 6: ACADEMIC MOTIVATION

6.1 Describe **your** relationship with the personnel of your child's school?

6.2 How would your child describe his or her relationship with his or her teacher?

6.3 Describe the lessons and homework period at home.

6.4 What aspects of class does your child appreciate the most?

6.5 What aspects of class does your child appreciate the least?

6.6 Rate your child's academic motivation on a scale of 1 to 5.

1 Fragile	2 Sparse	3 Average	4 Satisfactory	5 High
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