



The dePaul School

Empowering students who learn differently since 1983

Parent Questionnaire

Date: _____

Child's Name: _____ Date of Birth _____

Current School: _____ Current Grade: _____

Parent/Guardian 1 Name: _____ *cell #* _____

Email address: _____

Occupation and Employer: _____

Parent/Guardian 2 Name: _____ *cell #* _____

Email address: _____

Occupation and Employer: _____

Child lives with: _____

Address: _____

List child's siblings and ages: _____

Is there a family history of learning difficulties? **NO** **YES** (If yes, please list.)

Is your child adopted? **NO** **YES** (If yes, are there details you'd like us to know?)

Additional medical or physical information (please include conditions such as diabetes, asthma, migraines, panic attacks, severe allergies, etc).

Educational History

My child has a diagnosis of: _____

Evaluated by: _____ Date of testing: _____

My child (check all that apply):

Receives speech therapy

Receives language therapy

Receives OT

Qualifies for gifted services

Has a current IEP or 504 plan

Has been retained: If yes, what grade? _____

Takes daily medication: If yes, please list: _____

Has behaviors that impede learning: If yes, please specify: _____

What are your child's strengths?

What are your child's challenges?

What does your child like to do outside of school?

How does your child handle frustration?

Describe your child's relationships with classmates/peers.

What do you hope your child will gain by attending The dePaul School?

What motivates your child?

How did you hear about The dePaul School?

Is there anything else you'd like us to know about your child or your family?

Please submit this form to admissions@thedepaulschool.org along with the following documents:

- Most recent diagnostic testing (such as psychoeducational reports)
 - Current IEP or 504 if applicable
- Current support or learning plan if applicable.
 - Most recent standardized testing
 - Most recent report card