

DATA/BIT TEAM
Parent Questionnaire

Student: _____ **Date:** _____ **Grade:** _____

Interviewer: _____ **Respondent(s):** _____

____ personal interview
____ telephone interview

1. What do you see as your child's strengths? _____

2. What makes you proud of him/her? _____

3. What does your child do that causes you the most concern? _____

4. What has been the most successful way to deal with your child's behavior? _____

5. In the past year, has your child been seen by a doctor for anything other than a common child hood illness? If so, what caused you to take your child to the doctor? _____

6. Has your child been seen by a health professional for any physical or emotional problem that interfered with his/her success in school? _____

Please use the following rating scale for each of the following statements about your child.

1-never 2-seldom 3-sometimes 4-usually 5-always

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| ____ finishes what he/she begins | ____ does the things I ask him/her to do | ____ is happy |
| ____ gets along with his/her friends | ____ takes good care of his/her things | ____ helps at home |
| ____ makes me proud | ____ obeys | ____ shares |
| ____ cries easily | ____ talks back | ____ hits |
| ____ lies | ____ is afraid | ____ gets hurt often |
| ____ must be reminded to do things | ____ feels sick often | ____ fights |
| ____ ruins things | ____ teases others frequently | ____ can be trusted |