Middle and Upper School

Parent Questionnaire

To be completed by a parent/guardian

In an effort to learn more about your daughter, please provide answers to the following questions. Feel free to use additional sheets of paper.

Your name

Candidate's name

Candidate's birth date  Candidate for Grade

What do you consider to be your daughter’s special talents and interests, her strengths and weaknesses?

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What are your plans for your daughter’s future education and/or your long-term goals for her?

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Does your daughter have any past or present health conditions including hearing or vision impairment, allergies, illness, etc.? If so, please describe the condition and the impact it has on your daughter’s life.

Please share details regarding any previous or current testing/assessments completed for your daughter. Has she been referred, at any time, to a psychologist, psychiatrist or social worker?

Please share with us anything else you would like us to know about your daughter.

May we contact the candidate’s current teachers if we need information beyond that provided on teacher recommendations? (Any information offered will be kept confidential.)  ○ Yes  ○ No

To the best of my knowledge, the information above is accurate.

Signature of parent or guardian  Date