

Parent Questionnaire continued

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
