

Primary School

Parent Questionnaire

To be completed by a parent/guardian

**This form is provided to give you the opportunity to tell us about your daughter.
Please answer the questions below and feel free to include additional information.**

Your name _____

Candidate's name _____

Candidate's birth date _____ Candidate for Grade _____

Schools attended by your daughter for up to the past four years:

| School | Location | Dates Attended |
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| School | Location | Dates Attended |
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Briefly describe the members of your family. What do you like to do together?

What are your daughter's special talents or outstanding character traits?

What activities does your daughter particularly enjoy?

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.

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Parent Questionnaire continued

Has your daughter ever been referred to a psychologist, psychiatrist or social worker? If so, please describe the circumstances.

Please share with us anything else you would like us to know about your daughter, including your short- and long-term goals for 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
