

Redmond School District Parent Questionnaire

Date: _____

Dear _____,

Your child, _____
First and last name has been referred to the school's Student Support Team (SST). Your child has been experiencing the following difficulties in school:

The classroom teacher has attempted the following interventions to assist your child:

Information from you will assist our Student Support Team in making recommendations that may benefit your child. Please respond to the following questions.

1. Describe your child's strengths.

2. Describe areas of concern regarding your child's academic performance.

3. Do you have concerns regarding behavioral issues in the home or school setting?

4. Describe your child's attitude regarding school.

5. Describe your child's relationship with his/her peers.

6. Do you have any suggestions to address the identified area of concern?

7. Describe any services (medical, counseling, tutoring) you have pursued to address the areas of concern.

Please return this form to your SST Facilitator: _____

Phone: _____

**Attach the Redmond School District Student Support Team Brochure.