

**-CONFIDENTIAL-**

**Roslyn Hilltop Academy – Parent/Guardian Questionnaire**

Please complete the following questionnaire thoroughly and thoughtfully

Student's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

List all schools your son/daughter has attended. Please specify the grades in each.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Composition:

Mother/Guardian's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Lives in Household Y / N

Father/Guardian's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Y / N

Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Y / N

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Y / N

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Y / N

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Y / N

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Y / N

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Y / N

Additional People Living in Household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

How does your child get along with people living in your household?

\_\_\_\_\_

\_\_\_\_\_

How do you get along with your child?

\_\_\_\_\_

\_\_\_\_\_

Describe your relationship with your son/daughter.

\_\_\_\_\_

\_\_\_\_\_

List your son/daughter's interests, hobbies and school activities:

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To whom does your son/daughter go to when he/she has a problem?

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Does your son/daughter make and/or maintain friendships easily?

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List any medications your son/daughter is currently taking:

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Describe your son/daughter's current school situation:

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What is your attitude toward school? Is this different from your child's view?

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What are your child's strengths as a student?

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What are your child's academic weaknesses?

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Is your son/daughter's graduation important to you? Why?

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How do you think Roslyn Hilltop Academy will help your child achieve his/her educational goals?

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Why do you think your child is being referred to Roslyn Hilltop Academy?

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Why do you feel your child would be successful at Roslyn Hilltop Academy?

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**If I am accepted at Roslyn Hilltop Academy, I will agree to obey all program rules and participate in any and all counseling sessions that are recommended.**

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**Parent's Signature/Date**