

PARENT QUESTIONNAIRE

This application is to be completed by parents/guardians. Frank and complete answers to the following questions will best serve the applicant. Use additional sheets if necessary.

student name _____

date of birth _____

primary contact _____

mother's/guardian's name _____

street address _____

city, state, ZIP _____

home phone _____

cell phone _____

e-mail _____

father's/guardian's name _____

street address _____

city, state, ZIP _____

home phone _____

cell phone _____

e-mail _____

A. ABOUT YOUR SON/DAUGHTER

1. Please tell us something about your son/daughter that you would like us to know.

2. All adolescents present challenges. What challenges does your son/daughter present?

3. How much time per day do you think your daughter/son spends on the computer, cell phone, and social networks such as Facebook or My Space?

MONADNOCK
WALDORF SCHOOL
HIGH SCHOOL

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Keene, New Hampshire 03431
www.monadnockwaldorfschool.org
info@monadnockwaldorfschool.org

B. FAMILY LIFE

1. What family or home responsibilities does your teenager have on a regular basis?
2. How would you describe communication between you and your teenager?

C. OTHER INTERESTS

1. What musical training has your teenager had and for how long?
Please include information about participation in ensembles, choirs, etc.
2. Describe what your son/daughter does for physical activity, i.e. individual/team sports, athletics, outdoor recreation.
3. How does your teenager spend his or her free time and time with friends?

D. SOCIAL/ACADEMIC LIFE AND ANY INDIVIDUAL CHALLENGES

Monadnock Waldorf School strives to meet the academic and social needs of its students. Please take some time to answer the following:

1. What are your daughter/son's academic and social strengths?
2. What would you like to see developed further or strengthened?
3. Describe the quality of your teenager's social relations with classmates and teachers.
4. Has your teenager ever received academic tutoring? If so, please describe.

5. Does your teenager have any identified learning challenges or developmental delays?
If yes, please describe and indicate how they have been addressed.
6. Has your son/daughter ever received an academic or psychological evaluation and an Individualized Educational Plan (IEP)? If so, please attach all relevant documents.
7. Has your daughter/son ever experienced disciplinary action at school such as behavior contracts, suspension, or been requested to leave a school? Please explain.
8. Please note any significant illnesses, operations, or accidents that have affected your son/daughter's well-being.
9. Is your son/daughter currently on medication of any kind?
If so, please describe.

- *Please add any information you think may help us in reaching a decision on admission.*
- *Please complete the Request for Records form and submit it to your daughter/son's current school.*

signature _____

date _____

FOR OFFICIAL USE

- Transcripts
- Interview
- IEP
- Medical Records
- Math Teacher
- English Teacher
- Guidance Counselor