



**South Bend Community School Corporation
Special Education Services**

215 S. St. Joseph St, South Bend, IN 46601
Ph: 574.283.8130 Fax: 574.283.8105

Parent Questionnaire

Please complete this questionnaire and bring it to the Annual Case Conference for this student.

Student Name: _____ STN#: _____ Date: _____

Parent Name: _____ School: _____ Grade: _____

1. Describe the progress your child has made during the past year.
2. List the strengths and interests of your child.
3. Describe how your child interacts socially with friends his/her own age, siblings or others.
4. Describe the current health of your child.
5. List the academic areas where your child needs extra support and assistance.
6. What are your current concerns about your child and his/her educational program?
7. What improvements do you think could be made to the educational program of your child?
8. Describe any changes that have taken place in your child's life that may be affecting his/her school performance.
9. What is your vision for your child for the future?

Please feel free to write on the back of this form or add additional pages.