

# Detailed Parent Questionnaire

Thank you for your interest in Holy Cross Catholic School. Thank you also for your time in completing the following questionnaire. Your responses will help the staff in better understanding your child. Please feel free to add any other information that you feel will be helpful to us. Finally, please return this questionnaire with your child's on his/her "spend a day".



Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ Female \_\_\_ Male \_\_\_

Primary Language spoken in the home: \_\_\_\_\_

Other languages spoken in the home: \_\_\_\_\_

Specifically, what is it about Holy Cross Catholic School that attracts you?

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Does your child have an allergies or medical needs that impact academics or behaviors?

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Describe your child's strengths, talents, and interests:

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In what areas of school has your child been successful?

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What challenges or difficulties may have hindered your child's success at school?

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When your child has a problem or difficulty, what strategies work to help him/her?

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HOLY CROSS  
CATHOLIC SCHOOL

Please check area that may apply to your child:

Current

Past

On a public school IEP or other personalized learning plan

\_\_\_\_\_

\_\_\_\_\_

In a special education class

\_\_\_\_\_

\_\_\_\_\_

Special tutoring or therapy

\_\_\_\_\_

\_\_\_\_\_

In a Title I program

\_\_\_\_\_

\_\_\_\_\_

Identified for a public school Talented and Gifted program

\_\_\_\_\_

\_\_\_\_\_

Received services to learn English in school

\_\_\_\_\_

\_\_\_\_\_

Evaluated by a psychologist

\_\_\_\_\_

\_\_\_\_\_

Has worked with a counselor

\_\_\_\_\_

\_\_\_\_\_

Skipped \_\_\_\_\_ grade

Repeated \_\_\_\_\_ grade

Has attended \_\_\_\_\_ different schools

Has a record of frequent (more than 10 absences in a school year) because \_\_\_\_\_

\_\_\_\_\_

Has been diagnosed with the following disabilities: \_\_\_\_\_

\_\_\_\_\_

How could Holy Cross best support your child and help him/her to succeed at school?

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