



ROUND ROCK CHRISTIAN ACADEMY
Parent Questionnaire for 1st - 12th Grade

Child's Name: _____ Grade Entering: _____

Knowing your child's academic, physical, social, and spiritual history will help us know how to better serve them.

1. What learning style would you say best describes your child?

- Visual Auditory Kinesthetic (hands-on)

2. How would you rate your child's organizational skills?

- Good Average Poor

3. How would you rate your child's work habits?

- Good Average Poor

4. What is your child's academic strength? _____ Weakness? _____

5. List academic areas where you feel your child may need to be challenged.

6. Does your child have any professionally identified learning difficulties?

- Yes No If yes, please give details:

7. Has your child ever received special education services? Yes No

8. Has your child received tutorial or remedial help with any academic subject?

- Yes No If yes, what subject(s)? _____

9. How does your child respond to correction from authority other than you?

10. Has your child made a profession of faith in Jesus Christ?

11. Please list five words that describe your child's personality and character.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | |

12. List any community activities that your child has participated or volunteered in:

13. Does your child have any medical problems? Yes No
If yes, please describe: _____
14. List any prescribed medication and dosage: _____
How often does he/she take this medication? _____
15. Does this medication have any affect on your child's academic performance?
 Yes No If yes, how? _____
16. Is your child currently or has your child ever been in professional counseling?
 Yes No
17. Has your child been diagnosed with depression, bi-polar, or anxiety disorders?
 Yes No If yes, please give details.
18. Please include any pertinent information that would help us better serve your child.

Parent's Printed Name

Date

Parent's Signature