

# Student Assistance Program Parent Questionnaire

When we spoke on the phone recently, I explained that your son or daughter has been referred to the Student Assistance Team. The student assistance process is designed to assist parents in helping their son or daughter deal effectively with issues that present barriers to their learning. The information gained through this process and other school data will be used to help determine the best way to help your son or daughter.

First, it is important to identify the strengths and positive behaviors your son or daughter displays. These can be very important for helping him or her to overcome problems that may stand in the way of success at school. Please complete the following information regarding your son or daughter.

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### **Strengths:**

*Please check all that you believe apply to your son or daughter.*

- Able to work independently
- Joins in extra activities at school or in community
- Works well in a group
- Wants to and likes to learn
- Displays good logic/reasoning and decision making
- Is a good leader
- Can accept criticism
- Considerate to others
- Good communication skills
- Cooperative
- Possesses good interpersonal skills
- Displays positive values (responsibility, honesty, equality, caring)
- Follows rules
- Uses time wisely
- Helps others
- Is connected to and likes school and staff
- Strives to achieve their best
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### **Positive Traits at Home:**

*Please check all that describes your son or daughter's behavior at home.*

- Generally complies with family rules, curfews, etc.
- Does household chores
- Participation in family activities, meals, etc.
- Cares about appearance, health, etc.
- Takes appropriate pride in self and their possessions, keeps room reasonably neat
- Behavior is appropriate with peers and siblings
- Generally respectful toward parent(s)/caregiver(s) and others
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Listed below are some common problem areas, as well as changes, that you may have begun to notice in your child. If your child's behavior matches any of the warning signals below, please check them off.

### **Personality:**

Have you observed any of the following with regard to your son or daughter's personality? (*Check all that apply*)

- Noticeable mood swings
- Frequent, extreme highs or lows
- Crying seemingly without explanation
- Appearing very irritable or hostile without reason
- Extremely negative or apathetic attitude
- Spending a lot more time alone, in his/her room
- Exhibiting general loss of energy, motivation, interest or enthusiasm; is increasingly uninterested
- Other changes: \_\_\_\_\_

### **School:**

Have you observed any of the following with regard to your son or daughter's school experience? (*Check all that apply*)

- Experiencing more problems in school than usual
- Recent or rapid drop in grades
- Stopped participating (or showing less interest) in extracurricular activities such as sports, clubs, etc.
- Caught forging notes to his/her teacher or excuses for absences from school
- Having problems getting your child to go to school
- Wants to drop out of school
- Other: \_\_\_\_\_

**Friends/Relationships:**

Have you observed any of the following with regard to your son or daughter's friends/relationships? (Check all that apply)

- Stopped spending time with old friends
- Hanging out with friends you don't know
- Doesn't want you to meet his or her friends
- Friends immediately go to child's room avoiding contact with family members
- Son or daughter receiving many short phone calls
- Son or daughter not where they tell you they are
- Spends less time in family activities
- Is verbally or physically abusive of family members
- Blaming others; refusing to take responsibility for self
- Refuses to follow family rules
- Other:

\_\_\_\_\_

**Physical Traits:**

Have you observed any of the following with regard to your son or daughter's physical appearance/traits? (Check all that apply)

- Unsteady on feet
- Noticeable change in weight
- Complaining of nausea/stomach ache
- Glassy/bloodshot eyes
- Unexplained physical injuries
- Poor motor skills
- Frequent cold-like symptoms
- Smelling of alcohol/marijuana
- Slurred speech
- Loss of hair
- Self abuse or self mutilation
- Doesn't keep self clean/poor hygiene
- Preoccupied with personal health issues
- Fatigue/constantly tired
- Disoriented
- Change in sleep habits
- Headaches
- Food issues (example: refusal to eat, etc.) (please explain)

\_\_\_\_\_

**Crisis Indicators:**

Please check all that you have observed with regard to your son or daughter.

- Has expresses desire to die
- Given away personal possessions
- Has expressed desire to join someone who has died
- Has made suicidal threats/gestures
- Has experienced a recent death of family member or close friend
- Other stressors (please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal/Financial:**

Is your son or daughter experiencing any of the following legal or financial problems? (Check all that apply)

- Arrests for drinking/drug use/DUI/possession/other illegal acts
- Curfew violations
- Recently sold personal possessions
- Quit a job or lost a job due to unsatisfactory job performance
- Seems to have more money than a job or allowance would provide
- Been caught with drugs and/or alcohol
- Been caught with products associated with drug use/paraphernalia
- Been caught taking things from home or neighbors' homes
- Family members missing money or items from the home (cameras, stereos, watches, TV's, etc.)
- Other:

\_\_\_\_\_

What are your concerns for your child that may be a barrier to his or her learning?

What does your child tell you about his or her school experiences?

Would you like to speak directly with a member of the SAP Team?

- Yes
- No