

EDUCATIONAL PLANNING AND COUNSELING SERVICES

PARENT ASSESSMENT FOR CHARTER SCHOOL PLACEMENT

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR ASSESSMENT

STUDENT NAME: _____ AGE _____ GRADE _____

SCHOOL PRESENTLY ATTENDING _____

WHAT PUBLIC SCHOOL IS YOUR SON OR DAUGHTER ATTENDING?

WHY ARE YOU LOOKING FOR A CHARTER SCHOOL?

WHAT CHARTER SCHOOL ARE YOU LOOKING AT:

CITY _____ STATE _____

WHAT SCHOOL DISTRICT IS YOUR CHILD PRESENTLY ASSIGNED?

ADDRESS _____ CITY _____ STATE _____

PRESENT GRADES OF STUDENT: EXCELLENT ____ AVERAGE ____ GOOD ____ POOR
____ FAILING

DOES YOUR CHILD CURRENTLY HAVE AN (IEP) INDIVIDUAL EDUCATION PLAN?

WHO IS THE LEGAL
GUARDIAN _____

BRIEFLY DESCRIBE: YOUR REASON FOR YOUR CHILD ATTENDING A CHARTER SCHOOL:

BRIEFLY DESCRIBE: YOUR CHILD'S ACADEMIC BACKGROUND.

BRIEFLY: TELL US HOW YOU CONTACTED OUR EDUCATIONAL CONSULTANT

BRIEFLY DESCRIBE YOUR CHILD'S GRADE LEVEL? WHAT GRADE LEVEL SHOULD THEY BE IN?

HAS YOUR CHILD EVER ATTENDED A CHARTER SCHOOL?

YES ___ NO ___ DATE _____ YEAR? WHICH ONE?

ARE YOU PLANNING ON THIS CHILD GOING TO COLLEGE?

HAS YOUR CHILD TAKEN THE SAT, ACT, OR OTHER TESTING REQUIRED FOR COLLEGE?

WOULD A CHARTER SCHOOL PREPARE THEM FOR COLLEGE? ARE YOU LOOKING MORE AT A TRADE SCHOOL?

COMMENTS:

WHAT AREAS OF INTEREST DOES YOUR CHILD HAVE? (FINE ARTS, MUSIC, DANCE, ATHLETICS, VOCATIONAL TRADE)

DOES YOUR SON OR DAUGHTER HAVE A DISABILITY?

PLEASE FAX OR SEND TO US VIA EMAIL THE ANY TRANSCRIPTS OR SCHOOL RECORDS TO OUR EMAIL, WHICH IS INFO@EDUCATIONAL-PLANNING-AND-COUNSELING.ORG

HOW WOULD YOU DESCRIBE YOUR CHILD'S LEVEL OF CONFIDENCE?

WOULD YOU SAY YOU CHILD IS THE FOLLOWING ACADEMICALLY:

EXCEPTIONAL____ GIFTED____ AVERAGE _____ BELOW AVERAGE _____

HOW WOULD YOU DESCRIBE YOUR CHILD'S ABILITY TO INTERACT WITH OTHERS?

____VERY GOOD ____ACCEPTABLE____ DIFFICULT OR CHALLENGED

HOW WOULD YOU DESCRIBE YOUR CHILD'S STUDY HABITS?

____EXCELLENT ____GOOD ____FAIR____ POOR____ NO STUDY HABITS

EXPLAIN IN MORE DETAIL:

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATION NEEDS IN LEARNING?

DOES YOUR CHILD HAVE DIFFICULTY IN THE FOLLOWING AREAS?

____PAYING ATTENTION _____EASILY DISTRACTED _____PROBLEM SOLVING

HAVE THEY EVER BEEN DIAGNOSED WITH ADD OR ADHD?

IS YOUR CHILD TAKING ANY MEDICATION OR RECEIVING MEDICAL ATTENTION?

WHAT IS THE NATURE OF THEIR CONDITION?

HOW LONG HAVE THEY BEEN UNDER THIS CARE?

WHO WAS THE DOCTOR: _____ MAY WE CONTACT THEM

ADDRESS

CITY/STATE/COUNTRY

WOULD YOU DESCRIBE YOUR CHILD'S OVERALL HEALTH AS?

_____ EXCELLENT _____ GOOD _____ NOT SO GOOD _____ VERY POOR

AGREEMENT

BY GIVING CONSENT THE PARENT SIMPLY AGREES TO ALLOW THE EDUCATIONAL CONSULTANT TO WORK ON BEHALF OF THE FAMILY IN A PLACEMENT OR SCHOOL OR PROGRAM.

PARENT SIGNATURE

FULL NAME/PLEASE PRINT

ARE YOU THE LEGAL GUARDIAN OR PARENT _____ YES _____ NO?

WHO IS THE LEGAL GUARDIAN _____ ?

DO YOU HAVE JOINT CUSTODY? _____

ADDRESS

CITY/STATE/COUNTRY/

KENNETH DAVIS MA ED EDUCATIONAL CONSULTANT

DATE/MONTH/YEAR COMPLETED ASSESSMENT

PLEASE FAX THE FORM TO OUR FAX: 623 322-9481