



**Other Health Disabilities
Parent Questionnaire**

Student's Name: _____ Grade: _____ Date: _____

Completed by: _____

Return to _____ by _____.

Your participation in completing this questionnaire provides extremely valuable information used in the special education evaluation process. *Thank you!*

1) Please list your child's health/medical condition/s:

2) Does your child take any medications on a regular basis? Yes No If yes, please list.

Have you been told by your health practitioner that the medication(s) may negatively affect your child's comprehension, memory, attention or stamina? Yes No

3) What does your child do well? What are their strengths?

4) What are your current concerns regarding your child?
At home?

At school?

5) Have you noticed that he/she demonstrates limited physical strength? Yes No

If yes, how does their limited physical strength affect his/her capacity to perform school activities?

6) Have you noticed that your child demonstrates decreased stamina due to his/her health condition? Yes No

If yes, how does their decreased stamina affect their ability to maintain performance at school and/or in home life?

- 7) Does your child exhibit heightened or diminished alertness resulting in impaired abilities? For example, does your child have difficulty keeping their attention on homework, sitting through a family meal, completing a chore from start to finish, etc? Yes No
If yes, please share examples.
- 8) Does your child demonstrate the following:
Can he/she usually follow verbal directions? Yes No
Can he/she usually follow the multi-step directions? Yes No
- 9) Does your child have difficulty managing and organizing paper or digital materials for school? Yes No If yes, please share examples.
- 10) Does your child demonstrate an impaired ability to initiate a task? Yes No If yes, please share an example.
- 11) Does your child have difficulty completing tasks from beginning to end? Yes No If yes, please share an example.
- 12) Approximately how much time does your child spend on homework nightly?
- 13) Is there any additional information you would like to share?