

Academic Questionnaire: Grades 9-12

Child's complete name _____

Birth Date: _____

1. In what grade level is your child this school year? "She/He is in the _____ grade in this school year: 20____"

2. Who will be the primary educator for this child? _____

3. **This is an optional question; answer it only if you desire accommodations or services.**

Has a qualified professional diagnosed your child as learning disabled ever? Yes No

Describe the basis for that diagnosis (ex. testing). _____

4. **This is an optional question; answer it only if you desire accommodations or services.**

If your child has any special medical conditions or disabilities, please attach a written statement that includes what the condition is and what professionals feel would be the best educational approach for your child. A statement of your personal observations and opinion would also be helpful. Also, include a list of medications that your child is on especially any for ADD, ADHD, depression, anxiety, and seizures.

5. **This is an optional question; answer it only if you desire accommodations or services.**

Is your child receiving special education help in any form including physical therapy or speech therapy? Yes No

Please Describe. _____

6. How does your child feel about learning? How does your child feel about school? _____

7. List your child’s strengths and weaknesses on a separate sheet of paper and attach to this sheet.
(Example: loves to read or hates outdoor playtime).

8. Please, list resources (encyclopedias, videos, public library, etc.) readily available to you and
your child. _____

9. What does your child want to learn about this year? What do you wish to your child to learn
this year? _____

Curriculum

Language Arts

1. Does your child frequently guess at words while reading? Yes No

2. Does your child have a love of reading or does she/he consider it a chore to read? _____

3. Is there a family history of poor spelling? Yes No

4. Do you think your child has difficulty in the areas of reading or spelling? Yes No
If yes, please explain here. _____

5. Does your child prefer to dictate stories rather than write them? Yes No
6. Do you have a computer? Yes No
If yes, is it IBM compatible or Apple? _____
7. Do you have access to a VCR or DVD Player? VCR _____ DVD Player _____

Mathematics

1. Is your child able to feel comfortable using mathematical concepts in real life? Yes No
(Ex., cooking, counting, reading a thermometer, shopping)
2. Do you think your child has difficulties in mathematics? Yes No
If yes, please explain. _____

3. Is there a family history of difficulty in mathematics? Yes No

Science

3. What area(s) especially interest your child? Check all that apply.
- _____ Animals
 - _____ Astronomy
 - _____ Chemistry
 - _____ Geology
 - _____ Health and The human body
 - _____ Human growth and development
 - _____ Nature Study
 - _____ Oceanography
 - _____ Plants
 - _____ Space
 - _____ Weather

This segment is for the parents and student to complete together.

1. What are the student's interests and hobbies? What talents or interests would you like to see your student develop? How does the student pursue them? _____

2. What has the student done for service work (volunteer work) and for how long? _____

3. What year do you think the student will complete high school? _____

4. List any significant traveling that your family has done. _____

5. Are you favorably considering enrolling the student in Charity Christian Academy for all of the high school years? Yes No

6. Has the student ever been employed? Yes No

What kinds of jobs has the student held? _____

7. Will you need a tutor, interactive software, or any other educational assistance with any of the advanced courses? Yes No

8. What are the student's plans for post-high school? _____

9. What are the parent's wishes for the student after high school? _____

10. How are you planning to accomplish these plans? _____

11. Does this student intend to enroll in college? Yes No

Does this student intend to enroll in a trade school (business or vocational)? Yes No

Does your student want to enter the military? Yes No

If the answer to any of the above was yes, have you contacted the appropriate admissions people yet? Yes No