

CONFIDENTIAL QUESTIONNAIRE

Date _____ Name of
Student _____

Person Filling Out
Questionnaire _____
Relationship to
Student _____

Please fill out this questionnaire and give information as it relates to the Student.

1. Childbirth (Adoption)

2. Early Childhood

3. Siblings

4. Relationships at Home

5. Preschool Education

6. Elementary School

7. Middle School

8. High School

9. Relationships with Peers

10. Relationships with Teachers

11. Best Learning Environment

12. Worst Learning Environment

13. Grades

14. Standardized Testing

15. Individualized Education Plan (IEP)/ Section 504

16. Academic Interests

17. Post Secondary Goals

18. Sports

19. Arts

20. Hobbies

21. Community Service

22. Alcohol Usage

23. Drug Usage

24. Abuse

25. Self Injurious Behaviors

26. Depression

27. Anxiety

28. ADHD

29. Defiance

30. Medications

31. Hospitalization

32. Legal Issues

33. Other Issues

34. Professionals Involved: Name/Telephone Number/Email/Address

A. Psychologist/ Psychiatrists:

B. Teachers: _____

C. Guidance Counselors: _____

D. Attorney: _____

E. Others: _____

You may attach any additional information including a more detailed response to any of the questions, grades, transcripts, progress report, standardized testing, IEPs, etc.