

KAUA'I PACIFIC SCHOOL PARENT QUESTIONNAIRE

Parent's/Guardian's Name: _____

Student Name: _____

Grade Applying For: _____ Date: _____

Please fill out the following questionnaire as honestly and thoroughly as possible so that we can better get to know you and your child! We are eager to meet you and further discuss how Kaua'i Pacific School can support your child's educational needs. If applicable:

1. How did you learn about *Kaua'i Pacific School*?
2. Are parents supportive of the decision to send the student to *Kaua'i Pacific School*?
3. What are your hopes and dreams for your child at *Kaua'i Pacific School*?
4. Are there any social, emotional, academic or physical areas you would like to see more fully developed?
5. Describe any special family or other circumstances that have affected or may affect your child's school experience.
6. Do you feel your child has good study habits?
7. Do you participate in reviewing or helping with your child's homework assignments?

