STEP Meeting Parent Questionnaire

School Name						
Student			Grade	Date		
Pa	rents/Guardians _					
Ph	one	Email				
	to your child's ST	lowing questions and EP meeting. If you n sistance. Attach addi	eed help filli	ng out this for	m, please contact the	e school
1.	What are your chi	ld's strengths at scho	ool and at hom	ne?		
2.	What goals and ex	pectations (academic	and other) do	you have for y	our child?	
3.	How do you help	your child to be more	e successful?			
4.	What are some of	the things that motiva	ate your child	?		
5.	Please describe yo	our child's daily (nigh	ntly) homewo	rk routine:		
6.	What are your chi	ld's responsibilities a	at home?			



7. 8.	What time does your child go to bed during the school week?						
•	Watching television Playing video games On the Internet Using social media						
9.	What is the primary language spoken in your home?						
10.							
11.	Has your child had a professional educational evaluation or assessment (provided through a medical doctor, licensed or credentialed psychologist, or public school IEP)? If so, please provide helpful information about the results of the assessment and provide the school with a copy.						
12.	What are your concerns for your child at school?						
13.	Is there a special family or home situation that may be affecting your child?						
14.	What are your suggestions to help the team support your child's education						
15.	What else would you like the team to know about your child?						
]	PLEASE SUBMIT THIS COMPLETED FORM TO THE SCHOOL OFFICE WITH THE SIGNED NOTICE OF STEP MEETING FORM BY						

