



## STEP Meeting Parent Questionnaire

\_\_\_\_\_

School Name

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please answer the following questions and submit this information to the school administrator prior to your child's STEP meeting. If you need help filling out this form, please contact the school administrator for assistance. Attach additional pages as necessary. Thanks for your participation!*

1. What are your child's strengths at school and at home? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What goals and expectations (academic and other) do you have for your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How do you help your child to be more successful? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What are some of the things that motivate your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please describe your child's daily (nightly) homework routine: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What are your child's responsibilities at home? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What time does your child go to bed during the school week? \_\_\_\_\_

8. How many hours per day does your child spend:

Watching television \_\_\_\_\_ Playing video games \_\_\_\_\_ On the Internet \_\_\_\_\_ Using social media \_\_\_\_\_

9. What is the primary language spoken in your home? \_\_\_\_\_

10. Is there any information concerning special needs, or medical information about your child that the school should know? \_\_\_\_\_

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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. \_\_\_\_\_

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12. What are your concerns for your child at school? \_\_\_\_\_

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13. Is there a special family or home situation that may be affecting your child? \_\_\_\_\_

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14. What are your suggestions to help the team support your child's education? \_\_\_\_\_

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15. What else would you like the team to know about your child? \_\_\_\_\_

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**PLEASE SUBMIT THIS COMPLETED FORM TO THE SCHOOL OFFICE WITH THE SIGNED NOTICE OF STEP MEETING FORM BY \_\_\_\_\_.**