



# Parent Questionnaire

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
First Middle Last Preferred Name

### 1. PARENT STATEMENT

In order to have complete information on all applicants, the Admission Committee requests that you describe your son below, covering the following points:

- Character, personality, interests, strengths
- Values and disciplines by which your son has been reared
- Any circumstances or experiences which might help us better understand your son

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Please write on another sheet if necessary

**2. HAS YOUR SON EVER HAD SPEECH THERAPY, TUTORING, PSYCHOLOGICAL EVALUATION, NEUROLOGICAL EXAMINATION, PERCEPTUAL HEARING, OR VISUAL DIFFICULTIES?**  Yes  No

**IF SO, PLEASE EXPLAIN.**

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Presbyterian Day School requests a copy of any such evaluations.

**3. DOES YOUR CHILD TAKE ANY MEDICATION ON A REGULAR BASIS?**  Yes  No

**IF YES, WHAT?**

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**4. DOES YOUR SON HAVE ANY UNIQUE PHYSICAL OR HEALTH LIMITATIONS, MEDICAL INFORMATION, LEARNING DIFFERENCES, OR AREAS IN NEED OF STRENGTHENING OR SPECIAL ATTENTION?**  Yes  No

**IF YES, WHAT?**

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**5. WHAT DO YOU MOST WANT FOR YOUR SON TO GAIN FROM HIS EXPERIENCE AT PDS?**

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