



the **GERMAN AMERICAN**
SCHOOL of **PORTLAND**

Parent Questionnaire

the German American School of Portland
3900 SW Murray Blvd, Beaverton, OR 97005
Telephone: 503.626.9089, Facsimile: 503.626.9730
E-Mail: admissions@gspdx.org

Dear Parents,

Please help us to know your child better by completing and returning this form at or before the evaluation appointment.

APPLICANT'S NAME _____ DATE OF BIRTH _____

1. Has your child's growth and development been as expected by you and his or her physician? Please include anything that would be helpful to us in working with your child.

2. What important events have occurred for your son or daughter during the recent past (a move, child's or family illness, births, deaths, divorce or separation, other)?

3. Does your child have special needs (learning, social, physical, or emotional) that require assistance at school?

4. Has your child ever received occupational or speech therapy? _____ yes _____ no

If yes, when _____ and for how long? _____

5. From what activities does your son or daughter gain self-confidence?

6. What activities does your child particularly enjoy when given opportunities for free play?

7. What are your child's responsibilities or duties at home?

8. Does your child have any particular apprehensions? Please describe how you handle these.

9. What are your main goals for your child's education this coming school year?

Parent's Signature: _____ Date: _____

Please return to the German American School of Portland, 3900 SW Murray Blvd, Beaverton, OR 97005