

# Ottawa Township High School

## Student Information from Parent/Guardian

### General Information

Student's name: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

### Family and Home Information

Do both parents live at home? \_\_\_\_ Yes \_\_\_\_ No

If not, what custodial arrangements have been made? \_\_\_\_\_

Have any significant changes occurred within the family during the last two years?

Check all that apply:

Move to a new school/town \_\_\_\_ Births \_\_\_\_ Deaths \_\_\_\_ Illnesses \_\_\_\_

Separation \_\_\_\_ Divorce \_\_\_\_ Other: \_\_\_\_\_

What activities does your student participate in at home? (Please check all that apply)

\_\_\_\_ Watches television      \_\_\_\_ Plays video/computer games      \_\_\_\_ Reads books  
\_\_\_\_ Participates in sports      \_\_\_\_ Spends time with friends      \_\_\_\_ Listens to music  
\_\_\_\_ Sleeps more than usual      \_\_\_\_ Computer time(email/myspace/etc.)      \_\_\_\_ Prefers to be alone

What behaviors are frequently displayed by your student at home?(Please check all that apply)

\_\_\_\_ Is honest      \_\_\_\_ Is helpful      \_\_\_\_ Is responsible  
\_\_\_\_ Respects others      \_\_\_\_ Follows adult requests      \_\_\_\_ Gets along with siblings  
\_\_\_\_ Has mood swings      \_\_\_\_ Argues      \_\_\_\_ Disobeys  
\_\_\_\_ Withdraws      \_\_\_\_ Blames others      \_\_\_\_ Harms self  
\_\_\_\_ Is physically aggressive toward others      \_\_\_\_ Throws tantrums (throws or breaks things)

What methods of discipline are used at home? (Please check all that apply)

\_\_\_\_ Rewards for good behavior      \_\_\_\_ Verbal praise      \_\_\_\_ Special privileges  
\_\_\_\_ Assigned responsibilities      \_\_\_\_ Removal of privileges      \_\_\_\_ Grounding

Other: \_\_\_\_\_

How does your student respond to discipline at home? \_\_\_\_\_

Health History

Is your child under the care of a physician for a medical problem? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Is your child taking any medications? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

School History

Under what circumstances has your child been successful at school?

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

Has your child had difficulties with junior high/middle school? If so, please identify reasons you feel may have contributed to those difficulties: \_\_\_\_\_

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

Are there any concerns that you would like to make the school aware of?

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

What suggestions could you give the school to help us with your student?

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