

TRIANGLE PARENT NAVIGATORS

Stacey Kohn

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Date Completed: _____

Parent(s)/Guardian Name _____

Child's Name _____

Describe Your Child as if you were describing them for the first time to a new teacher.

What are your child's key strengths?

What areas of concern do you have about your child (describe home/school/friends)?

Did your child reach developmental milestones at age- appropriate times? (please explain)

Has your child's school noted any specific academic, social or behavioral difficulties?

Have any assessments or supplemental resources been suggested to you by teachers or other school personnel?

Please describe your child's overall health.

Has your child had any formal testing or evaluations (please provide copies of reports)?

Does your child have an IEP, 504 or been referred through SST at your child's school? (Please provide a copy)

Is your child currently receiving services within the school system?

Is your child currently receiving other services outside the school system (speech, OT, academic tutoring, mental health, etc.) Please detail service provider, length of time receiving services and frequency.

What are the current challenges you face as parents in getting the appropriate supports for your child to be as successful as possible?

Please detail any other information you feel is important for me to know about your child and family.